

3.6.1 Scope Of Chapter

This chapter covers the various edit programs in MIRTEL and the HIM and the reject, alert and folder notices messages produced in these programs. Included are instructions for handling these referrals and other processing problems.

3.6.2 MIRTEL

The MIRTEL system has an elaborate system of edits to validate input, check the consistency of input to the existing record and verify the Medicare information on the CHICO file. All input both manual and mechanical is edited for completeness, validity and consistency of data in a series of edit programs.

3.6.3 OCR Scan Program

The program that scans the G-811 checks that entries have been made in items 3 and 4. Therefore the G-811 will reject if the scanner is unable to read the form or if either or both items 3 and 4 are blank.

3.6.4 G-811 Reformat Program

The scanned material is reformatted to change the data to the correct MIRTEL codes. The reformat program also checks that all entries are valid (numeric). Reject referrals from this program are self-explanatory. A new G-811 with correct entries must be prepared. The referral messages are listed in Exhibit 1.

3.6.5 Pre-Edit

All input is taken into the pre-edit program to check that data is valid (i.e., the codes are proper, the claim number and SSA numbers are established numbers, etc.); all mandatory fields are checked for entries (in addition to the general mandatory fields, each activity has its own set of required fields) and certain fields are checked against each other to assure that they are consistent. Activity that does not meet the edit criteria will be rejected. The messages on the reject referrals are self-explanatory. A corrected input must be prepared. The reject messages are listed in Exhibit 2.

In some cases certain data on the input may be questionable but does not prevent further processing. Alerts are produced in these cases. These alerts specify the questionable field(s). The field(s) should be verified. If the input was correct, no further action is necessary. If the input was erroneous, a correction must be prepared. These alert messages are listed in Exhibit 3.

3.6.6 Update Edits

Input can either establish or change an existing record. An activity designated to establish a record should not match an existing record and a change activity must match an existing record. The update program uses the following fields to match:

1. claim number (six or less digit number must also match on prefix)
2. pseudo number, if present
3. beneficiary symbol within certain tolerance, i.e., MA-WA, CA-WCA.

In addition, G-810 change activity (codes 20,21,22,32 and 34 and all G-811 activity except 62, 98 and 99 must match on year of birth or if the year of birth is changing, the name must match.

Mechanical input, RASI and attainments, must match on criteria 1 and 3 listed above and the beneficiary's first name.

An activity to establish a record (codes 12, 13,31 and 33) will reject if it matches an existing record. If an activity to establish a record makes a total match (same beneficiary) or partial match (same claim number symbol and pseudo number, if present) it will reject with the referral message "Activity To Establish Record Matched Existing MIRTEL." See Exhibit 2.

Mechanical input, RASI and attainments, although primarily designed to establish a record may match an existing record and act as a change activity. Therefore, this activity will not reject solely because it matches an existing record. It will, however, reject if it matches an existing record on claim number, prefix and symbol but not on name.

Once matched, all change activity is edited against the existing record to verify that the changes are acceptable for the activity and the record. For example, activity code 20 will reject if it is conveying an option change other than the changes that are acceptable for the activity and the record. For example, activity code 20 will reject if it is conveying an option change other than to or from SBI. Any option change option will reject if the record status is not changed to agree with the new option. The reject messages generated in the update are shown in Exhibit 2. Included in Exhibit 2 are referral messages generated in the update but not directly caused by an activity, i.e., a screening reply is still outstanding 30 days after the tracer request.

As in the pre-edit program, certain questionable change activity will process. However, an alert referral will be produced in these cases. These messages are shown in Exhibit 3.

Folder notices are produced as a record of action that has been taken. The messages for these notices are listed in Exhibit 5.

3.6.20 Rejects From The MBR

Screening records can reject because of conflicting information is SSA's MBR. The most common causes of these rejects are that the personal characteristics do not match, the SS benefit is terminated for a reason other than death or a SMI option of "P" prevents us from determining the paid through date. These rejects should be handled in accordance with current procedure.

3.6.21 Screening Replies

Screening replies from SSA are used to update MIRTEL. Generally, the most advantageous entitlement data from the reply or MIRTEL is retained in the updated record, i.e., a "yes" option is retained over a "no" option and the earliest HI-SMI effective dates. Occasionally the entitlement data from SSA conflicts with the data in MIRTEL and the reply cannot be processed mechanically. These cases will be referred out for manual handling and determination of correct entitlement information. These rejects will occur more frequently on rescreenings when jurisdiction cleared on the initial screening. Some reject messages are listed in Exhibit 3. These rejects are produced on regular yellow MIRTEL referral pages. Other rejects are produced on white computer paper and are listed in Appendix A. Determine the correct entitlement information and, if the record must be changed, prepare Form G-810 to correct the necessary data.

If the screening reply processes, a folder notice entitled "RRB Jurisdiction Reply Processed" will be produced as record of correct entitlement information.

3.6.30 Health Insurance Master (HIM)

All input to the HIM is edited in CMS's pre-edit and update programs. RRB input that is identified as an exception (reject) or an alert is returned to RRB. When this referral file is received at the Board, an 805 referral is produced.

Exceptions (rejects) occur when the error condition prevents processing of the transaction. When this occurs, a reject indicator is entered on the HIM Alerts are produced when the input has been accepted but contains a questionable condition which should be investigated. There is no indicator entered on the HIM when alerts are produced.

Three items are matched when input is sent to the HIM: sex, date of birth and name. An alert is produced when only two match. A reject is produced when one or non match. When all three match, the input is accepted.

3.6.31 Exception Format

All input to the HIM is edited in CMS's pre-edit and update programs. RRB input that is identified as an exception (reject) or an alert is returned to RRB. When this referral file is received at the Board, an 805 referral is produced.

Exceptions (rejects) occur when the error condition prevents processing of the transaction. When this occurs, a reject indicator is entered on the HIM. Alerts are produced when the input has been accepted but contains a questionable condition which should be investigated. There is no indicator entered on the HIM when alerts are produced.

Three items are matched when input is sent to the HIM: sex, date of birth and name. An alert is produced when only two match. A reject is produced when one or none match. When all three match, the input is accepted.

One of the following general captions and date the 805 is produced are printed at the top of the referral:

SSA-HIM Jurisdiction Reject

SSA-HIM Entitlement Transfer Reject

SSA-HIM Correction Reject

The next printed line contains the RRB claim number, date of birth, sex and name, followed by the date the activity was processed.

The last printed line contains the reason for the reject. See Appendix B for common exception codes and descriptions.

If "unable to determine the cause of the reject" is printed, check the exception code listing to determine why the referral was produced. See example 1 in Appendix C.

3.6.32 Resolving Exceptions

Prior to resolving any reject or alert condition, it will be necessary to first verify:

- The beneficiary's QRRB and Medicare status, and
- The Health Insurance Utilization Master and MIRTEL are consistent and contain the latest information.

In order for a correction to process, all three of the following must match: sex, date of birth and name.

In many cases the beneficiary is now deceased. However, a record correction is required. Some referrals are meaningless because corrective action had been taken or the condition was identified incorrectly. If one of the three matching criteria is being changed, an alert will always be produced but no action is necessary in these cases. See Appendix C for the types of conditions which result in these referrals.

3.6.40 Monthly MIRTEL

The MIRTEL monthly system validates the Medicare information on CHICO records any change in pay status or name and/or address, and adjusts the annuity to a start or stop SMI deductions or enters the SMI option if no adjustment is necessary. Any discrepancies between the two files are referred out for manual handling. The referral messages are explained in Exhibit 6.

Appendices

Appendix A - Master Benefit Record (MBR) Screening Rejects

Background

Screening records can reject because of conflicting information in SSA's MBR and what is being furnished by the RRB. The most common causes of these rejects are that the personal characteristics differ, the social security benefit is terminated for a reason other than death or a SMIB option "P" prevents determining a valid paid through date. Referrals are also printed when the MBR is coded with a SMIB option "P" and an "E" LAF code, or to acknowledge that jurisdiction has been transferred from SSA to RRB.

There should be a separate reply for each social security number screened. Each reply will show the reason for the reject or alert, or that no MBR is established for the social security number (NO RECORD OF BIC IN SSA FILE).

Referral Format

Each reject referral may have more than one reject cause identified. There will be one general caption printed on the top of the referral as well as the date the referral was printed. These captions will be:

- SSA HIM Jurisdiction Reject Referral
- Transfer of Jurisdiction - SSA to RRB
- SSA HIB Jurisdiction Alert Referral
- SSA HIB Jurisdiction Reject Referral

The next line of printing identifies the cause of the reject. A message will precede each screening record. Following are the various reject messages that will have to be investigated. Explanations and samples of each are included with this procedure.

REJECT MESSAGES - The grade level of the examiner who handles the reject is shown in () following the messages:

- 1) No Record of BIC in SSA File (GS-5 thru GS-8)

- 2) Transfer Manually - Paid thru date undetermined due to "P" option (GS-7)
- 3) SSA Benefit Term A/C Death (GS-7)
- 4) SSA Benefit Term BIC Alive (GS-7)
- 5) No SSA Match on Identity of Beneficiary's (GS-8)
- 6) Dual Survivors - Transfer Completed - Please Investigate (GS-8)
- 7) Program Reject - Replies Not Equal to Request (GS-5)
- 8) Jurisdiction Code Discrepancy (GS-8)
- 9) MBR Incompatible W/RRB Symbol - Prefix (GS-5)
- 10) Entitlement Under Another SSA Claim Number (GS-7)
- 11) SSA Record Has No HI Data (GS-7)
- 12) Duplicate SSA/RRB Transfers (GS-7)
- 13) Manual Transfer - Cessation of Disability (GS-8)
- 14) Dual Annuitant (GS-5)
- 15) SSA Refund for Uninsured BIC Indicated (GS-8)
- 16) SMIB paid thru Date Assumed Pending Investigation of SSA Premium Amt. (GS-7)
- 17) Manual Transfer Required. SSA Term Date After RRB SMI Date (GS-7)
- 18) RR Annuity in Suspense - Verify Address for ID Card (GS-5)
- 19) Check for Possible Arrearage - RRB ENT Date Prior to SSA ENT Date (GS-7)
- 20) Deemed QRRB From SSA Under 1974 Amendments (GS-5)
- 21) Unable to Process Activity - Screening Reply Outstanding (GS-8)
- 22) P-option Encountered in MBR Record (GS-7)
- 23) Investigate Delinquent SMI Premiums (GS-7)

The line following the reject message will contain the RRB claim number, the social security number being screened (if matched to a MBR, SSA's suffix will also be printed), the RRB date of birth and option, and the type of screening record (ENT = employee's

social security number, XREF = beneficiary's own social security number or the number of the wage earner whose earnings may entitle the beneficiary to SSA benefits).

The second line contains the RRB HI/SMI dates and the type of payment (annuity deduction, bill direct, etc.).

The third line identifies SSA's HI/SMI dates and option for the MBR record. The beneficiary's RRB name/address is printed to the right of the second and third lines. SSA's date of birth from MBR record is printed to the far right and between the third and fourth lines.

The fourth line identifies the RRB beneficiary (spouse, widow(er), etc.), record status and the jurisdiction code (RRB, NIF = no MBR established, SSA benefit terminated, etc.). If a MBR was matched and enrolled for SMI, SSA's SMIB rate will also be printed.

The last line of information will show SSA's effective date of suspension or termination, if applicable.

1) NO RECORD OF BIC IN SSA FILE

Reason - This message occurs when there is no MBR for the corresponding SSN. It is usually printed on the same page with another screening record that rejected for other reasons.

Action - None. The reject situation for the other screening reject should be resolved.

Disabled child's name is different on SSA's records: RAFAEL GALLEGOS
Submit a G-810(21) with all necessary information and show name and address. However, show her name as RAFAEL GALLEGOS. When clearance is received, correct MIRTEL with a G-810(22) and have the machine release a card if necessary.

Employee - screening record sent with spouse's SSN.

Release HMO teletype under SSN. If no record, force clearance with a G-811(32).

If necessary, take action to rescreen with a G-811(21) or G-810(21).

Dual annuitant receiving annuities under MA-123-45-6789 and A-999-99-9999.

Clearance was received under A-999-99-9999 but not under MA-123-45-6789.

Drop MA record with a G-811(05). Re-establish as HIB ONLY. A few days later, submit a G-811(34) under primary number and a G-811(25) under the MA or secondary number. Release a letter to beneficiary.

Spouse enrolled at SSA as uninsured BIC. Filed at RRB for annuity. She did not pay premium because of the annuity application filed at RRB and SMIB coverage terminated.

Call SSA PSC in reference to the premium status. Clear MIRTEL with G-810(32), using the most advantageous information.

Disability entitlement is questionable. Before any corrective action can be taken, the file should be sent to the disability program section to determine the freeze status. When the file is returned, either delete the MIRTEL using G-811(05) or, if necessary, clear the MIRTEL using G-811(32) if our information is correct or a G-810(32) if our information needs to be corrected. Then terminate Medicare coverage using current procedure if necessary.

If you have a pure SS case, file should be routed to the OSR instead of to the disability program section.

Spouse enrolled at SSA as uninsured BIC. Filed at RRB for annuity. She did not pay premiums because of the annuity application filed at RRB and SMIB coverage terminated.

Call SSA PSC in reference to the premium status. Clear MIRTEL with G-810(32), using the most advantageous information.

Disability entitlement is questionable. Before any corrective action can be taken, the file should be sent to the disability program section to determine the freeze status. When the file is returned, either delete the MIRTEL using G-811(05) or, if necessary, clear the MIRTEL using G-811(32) if our information is correct or a G-810(32) if our information needs to be corrected. Then, terminate Medicare coverage using current procedure if necessary.

If you have a pure SS case, file should be routed to the OSR instead of to the disability program section.

Female employee initially receiving SS survivor benefits under her husband's SSN (999-99-9999D4). She remarried, the D4 benefit was terminated, and payment history transferred to the new SSN. In this situation, RRB is paying the SS benefit and clearance was previously received under the D4 number. Therefore, the MIRTEL should be cleared with G-811(32).

2) TRANSFER MANUALLY - PAID THRU DATE UNDETERMINED DUE TO "P" OPTION

Reason - This message occurs when "P" options were previously put on the MBR. Screening action will not mechanically clear. SSA's HIB and SMIB dates are shown; however, a paid through date cannot be computed.

Action - Call the SSA-PSC for a paid through date and any other clarifying data. The MIRTEL should then be cleared using the most advantageous information.

If it is necessary to correct the HIB and/or SMIB date or to enter a paid through date, use a G-810(32) to clear MIRTEL. If the information on MIRTEL is correct and it is not necessary to enter a paid through date, use a G-811(32) to clear MIRTEL. Depending on the information provided by SSA and the information in RRB's file, there may be a refund or an arrearage due. Also if an option letter was released, in addition to clearing MIRTEL, a corrected card and letter of explanation should be released.

Sometimes this referral is reduced when an examiner submits a G-811(21). He/she think clearance was not received and submits another G-811(21). In these cases it may not be necessary to call the SSA-PSC if you can find the referral or the necessary information on the MMAC is dated after the first G-811(21) was submitted. MIRTEL can then be cleared using this information. When this type of referral is produced, MIRTEL has to be cleared, whether we are screening initially or rescreening. If MIRTEL is not cleared, any input will reject because a screening reply is outstanding.

This referral was produced because SSA's entitlement dates are more advantageous.

Call SSA-PSC to verify entitlement and to obtain a paid through date. Clear MIRTEL with a G-810(32). An arrearage is very probable.

This referral was produced because there may be a duplication in collection of SMIB premiums. If there was, a referral may be due. There is no change in entitlement dates.

Clear MIRTEL using a G-811(32). Call SSA-PSC to obtain a paid through date.

3) SSA BENEFIT TERM A/C DEATH

Reason - This message occurs when the MBR under the SSN indicates that the SSA beneficiary is deceased.

Action - Verify the DOD of the beneficiary. Then take one of the following actions:

- 1) If the DOD is prior to the effect date, drop MIRTEL with a G-811(05). Refer to Example 9.
- 2) If SSA was paying SS benefits and SSA's HIB and SMIB dates are more advantageous, drop the MIRTEL record with a G-811(05). Refer to Example 10.

- 3) If RRB is certified to pay SS benefits and a good HIM should be established, take one of the following actions:
- If the MIRTEL record is established for HIB only and there is no election for SMIB, clear MIRTEL with a G-811(32), and then submit G-811(50). If the HIB date is not correct, use a G-810(32), then submit the G-811(50).
 - If the MIRTEL record is established for HIB only and there is an indication that SMIB was elected, clear MIRTEL as Part A only. If the HIB date is correct use a G-811(32). If the HIB date should be corrected, use a G-810(32). Then submit a G-811(50).
 - If the MIRTEL record is established for HIB and SMIB, drop the MIRTEL record using a G-811(05), re-establish using a G-810(31) as Part A only, then submit a G-811(50).
- 4) If an examiner was trying to establish a HIM based on a phone call or correspondence, a G-811(32) should be used to clear MIRTEL, then a G-811(50). If a premium arrearage exists, refer to RCM 3.7.42.

The DOD has been determined to be 1/81. Drop MIRTEL using a G-811(05).

SSA was paying benefits. SSA's entitlement dates are more advantageous.

Drop MIRTEL with a G-811(05). Assume that SSA collected premiums and a HIM record was properly established.

4) SSA BENEFIT TERM - BIC ALIVE

This message occurs when the MBR for the SSN has terminated for a reason other than death.

Reason - 1 A spouse or disabled child was enrolled on employee's SSN before his death.

Action - 1 Check the file for a SSA-1233R. This form should have some information concerning Medicare. Verify death of RR employee. This should be the same as the SSA DATE OF SUSP/TERM. If so, this would be the SMIB paid through date. SSA's HIB and SMIB dates are on the referral. Clear MIRTEL with a G-810(32) using the most advantageous information. If there is conflicting information, a call to SSA - PSC should be made before clearing MIRTEL. Refer to examples 11 and 12.

Reason - 2 An individual was enrolled as an uninsured beneficiary at SSA. Coverage terminated because he/she filed at RRB.

Action - 2 Call appropriate SSA-PSC for uninsured beneficiaries for correct information regarding their Medicare. Then, clear MIRTEL with a G-810(32) using the most advantageous information.

Reason - 3 Previous entitlement at SSA based on disability. Beneficiary is now recovered and the MBR has been coded accordingly. Beneficiary is now eligible for Medicare at RRB.

Action - 3 In most cases, RRB's dates will be correct and MIRTEL should be cleared with a G-811(32). However, if there is a discrepancy for an employee, disabled child, or widow (RR CASE), file should be routed to the disability section to determine disability status before clearing MIRTEL. If there is a discrepancy in a pure SS case, file should be routed to the OSR.

Reason - 4 Previous entitlement at SSA on another SSN. Beneficiary now files at SSA on another wage earner. The first entitlement is terminated because the information has been transferred to the second number.

Action - 4 Check RRB file for information regarding entitlement at SSA. If you are unable to determine the SSN, release a teletype under the SSN which was terminated; there should be a cross reference number. It may be necessary to rescreen using a G-811(21). If an individual's Medicare terminated because she filed at SSA under the RRB employee's SSN and RRB is certified to pay the SS benefits, a call to SSA PSC should be made to verify the HIB and SMIB dates and paid through date before clearing the MIRTEL with a G-810(32).

Regardless of the reason that prevents the mechanical screening record from not clearing, you will have to clear MIRTEL, most likely with a G-810(32), using the most advantageous information. In some cases, a letter of explanation should be released to the beneficiary. There may be an arrearage or a refund due.

If it is necessary to put "P" options on the MBR, file should be routed to the appropriate GS-9 examiner, who in turn will call SSA.

Before the employee died, disabled child was enrolled at SSA under employee's SSN. When he died, the MBR was terminated.

All the information on the referral appears to be correct. Clear MIRTEL with a G-810(32), showing HIB 2-74, SMIB 2-74, and paid - through date of 7-76.

Before the employee died, spouse was enrolled at SSA under employee's SSN. When he died, the MBR was terminated.

There is a discrepancy: DOB is 1902. HIB DATE is 12-69, SMIB DATE is 6-78, and the SMIB rate is 9.60. A call to SSA PSC should be made. When reply is received from SSA PSC, MIRTEL should be cleared with a G-810(32) with the correct information.

5) NO SSA MATCH ON IDENTITY OF BENEFICIARY

Reason - This reject occurs when the personal characteristics from the screening request do not match the personal characteristics on SSA's MBR or as a result of the following:

- 1) RRB error
- 2) Prior wife
- 3) Employee screened against spouse's SSN
- 4) Dual annuitants - beneficiary receiving annuities as an employee and as a spouse/widow(er)
- 5) An employee and spouse born the same month and year; one screening record clears and the other one does not.

Action - Verify the SSN. If the SSN is not correct, drop MIRTEL with a G-811(05) and, a few days later, submit a G-810(12) with correct SSN.

If the SSN is correct, release a HMQ teletype. When replies are received:

- 1) If no record exists, clear MIRTEL with a G-811(32).
- 2) If the personal characteristics do not match, rescreen using a G-810(321). Correct the NAME, DOB or SEX, whichever one is preventing the screening request from clearing. Also, code the G-810 so that a card is not released. When clearance is received, correct MIRTEL with a G-810(22). If the given name or initial needs correcting, prepare a HCFA-1664 and have a card released.

If there is a second wife involved, drop MIRTEL, assign a pseudo number, and re-screen.

In the case of dual annuitants, drop the pending MIRTEL record with a G-811(05). Reestablish with a G-810(13) as HIB ONLY. Then a few days later, submit a G-811(34) under primary number and a G-811(25) under a secondary number. A short letter should be sent to the beneficiary. Also prepare G-607 for secondary number to enter SMIB option code 9 on CHICO.

6) DUAL SURVIVORS - TRANSFER COMPLETED - PLEASE INVESTIGATE

Reason - This message occurs when a screening record with a survivor prefix (WA or WCD) matches a survivor MBR (BIC D or C) which would indicate that both RRB and SSA are paying survivor benefits.

Action - Transfer has been completed. A HMQ teletype should be released to investigate the possibility of dual payment of survivor benefits.

If RRB is the only agency paying the survivor benefits, no further action is necessary.

If RRB is paying a survivor benefit and there is an indication on the MBR that SSA is also paying a survivor benefit, the file should be routed to the MOD. The MOD will determine which agency should pay survivor benefits. If it is determined that SSA should pay the survivor benefits, it may be necessary to transfer Medicare to SSA. That requires an RR-80 to remove "P" options from the MBR, G-811(52) and a letter to beneficiary. The MOD will determine the overpayment in these cases.

In most cases, this type of reject is produced when there is a disabled child, employee is still living and RRB is certified to pay the disabled child's SS benefits (LAF Code E). To avoid this type of reject, when screening is necessary, the prefix should be CA, type bene 16, and record status 02.

Refer to R.C.M. 7.4 Appendix C for a breakdown of LAF codes on the MBR. Refer to examples 13, 14 and 15.

RR employee living. RRB is certified to pay SS benefits for disabled child. Release a HMQ teletype. If the LAF CODE reveals that SSA is also paying a survivor benefit, file should be routed to the MOD.

RR employee is deceased. RRB has jurisdiction of survivor benefits. Release a HMQ teletype. If there is a termination in the LAF CODE on the MBR, no action is necessary/

In this situation, MIRTEL needs a record correction (G-810 Code 22) because of the name.

RR employee is deceased. RRB has jurisdiction of survivor benefits. Release a HMQ teletype. If there is a termination in the LAF CODE on the MBR, no action is necessary.

If the LAF CODE reveals that SSA is still paying benefits, the file should be routed to the MOD.

This file should be referred to MOD because the LAF CODE on the MBR is a "C".

Screening record sent with two SSN's, 123-45-6789 and 999-99-9999. We only received a reply under 123-45-6789. Rescreen using a G-811(21). Enter 999-99-9999 in item 9.

8) JURISDICTION CODE DISCREPANCY

Reason - This message also occurs when the MBR for the SSN has terminated for reasons other than death.

Action - Clearance will to be processed mechanically. MIRTEL has to be cleared with a G-811(32) if the information on the MIRTEL is correct or a G-810(32) if the information on MIRTEL needs to be corrected. The reason why the MER terminated is not as clear as with the SSA Benefit Term - BIC Alive reject. A call should be made to the SSA PSC if you are unable to determine why the reject was produced before clearing the record. Refer to Examples 17, 18, and 19.

Information in file disclosed that individual was previously entitled to Medicare based on disability. He recovered and subsequently a new period of disability was established and entitlement dates determined accordingly. The information in file was consistent and the information on MIRTEL was correct. Therefore, MIRTEL can be cleared with a G-811(32).

It was determined that the beneficiary filed at SSA and SSA paid benefits. However, SSA subsequently determined that payments were erroneous and terminated the MBR.

In this situation, MIRTEL should be cleared with a G-810(32), HIB effective 4-80. SMIB would be an option because, based on his filing at SSA, he could have had 4-80 and we have not yet cleared our MIRTEL. Option letter and related material should be released.

No information was conveyed from SSA. A call to the SSA PSC is necessary. Clear MIRTEL with the most advantageous information.

9) MBR INCOMPATIBLE W/RRB SYMBOL - PREFIX

This reject occurs when RRB screens with a prefix that is not compatible with the BIC that is on SSA's MBR.

Reason - 1. RRB is certified to pay SS benefits to a divorced wife. Screening record was sent as a WCA and SSA's BIC is a B6 or B9.

Action - 1. Drop WCA record with G-811(05), assign a pseudo number, and resubmit a G-810(12).

Reason - 2. Screening record was sent as a MA. Before clearance was received, the employee died and spouse is now WA. No change was made to the MIRTEL record.

Action - 2. Drop MA record with G-811(05) and submit G-810(12) as WA if RRB has jurisdiction of survivor payments. If SSA has jurisdiction of survivor payments, drop MIRF with a G-811(05) and release a HMQ teletype. If "options" are on the MBR, an RR-80 should be prepared.

This reject also results when we are paying an employee a SS B2 benefit as a WCA. The WCA record should be dropped with a G-811(05) and if the employee's Medicare has not been established under the A claim number, a G-810(12) should be submitted. A SMIB SSA option code of 9 should be entered for the WCA CHICO record using a G-607. Refer to Example 22.

Divorced wife's SS benefits were certified to RRB for payment.

Drop WCA record with a G-811(05). Assign a pseudo number and screen with G-810(12). If not processed timely, it may be necessary to offer an option.

Screening record processed as MA but the employee is now deceased. Record should be WA.

Drop MA record with G-811(05). submit G-810(12) as WA. If not handled timely, it may be necessary to offer an option.

Beneficiary is receiving an RR annuity as well as SSA benefits under his own SSN. He is also entitled to a SSA BI benefit which RRB is paying under RR claim number WCA-999-99-9999. Drop WCA record with a G-811(05). If Medicare has not been established as A, submit a G-810(12).

Prepare G-607 for SCA SSN to enter SMIB option code 9.

10) ENTITLEMENT UNDER ANOTHER SSA CLAIM NUMBER

Reason - This reject occurs when a beneficiary was previously entitled to SS benefits under one SSN. However, that benefit was terminated because of entitlement to SS benefits under another SSN.

Action - Check file for another SSN. If you cannot determine the other number, release a HMO teletype under the terminated SSN. The reply should show a cross reference number. Release a second HMO teletype under the cross reference SSN. Upon reply, either force clearance or rescreen. In some cases it may be necessary to call the SSA PSC.

11) SSA RECORD HAS NO HI DATA

Reason - This reject occurs when the MBR for the corresponding SSN has no HI information. However, there is an indication of SS entitlement under another SSN.

Action - Check the file for the other SSN. If you cannot obtain from information in file, a HMO teletype should be released under the SSN printed on the referral to see if there is a cross reference SSN. A second HMO teletype should then be released under the cross reference SSN. Depending on the second reply, either rescreen with a G-811(21), clear MIRTEL with a G-811(32), or, if MIRTEL has to be corrected, use a G-810(32).

In this situation, the beneficiary has been enrolled at RRB since 7066. Initial screening was made under his own SSN. His wife has now died and he filed for benefits under her SSN. RRB is paying the SS benefit.

After reviewing the file, it was established that RRB's HIB and SMIB are more advantageous, and that we previously screened under employee's SSN. Therefore, MIRTEL was cleared with a G-811(32).

12) DUPLICATE SSA/RRB TRANSFERS

Reason - This message occurs when there is a possibility that SSA transferred jurisdiction to RRB under two different SSN's.

Action - Release HMO teletypes under all SSN's involved. When replies are received either rescreen or force clearance. It may be necessary to call the SSA-PSC for Medicare information and notify SSA that they have a dual annuitant.

In this situation, it was determined that spouse had two SSA claim numbers 123-45-6789A and 999-99-9999B2. HMO teletypes were released and MIRTEL cleared accordingly.

13) MANUAL TRANSFER - CESSATION OF DISABILITY

Reason - This message occurs when a beneficiary was previously enrolled for Medicare at SSA based on disability. However, the MBR has been terminated for cessation of disability. RRB is now enrolling the beneficiary for Medicare.

Action - Reconcile effective dates and clear the MIRTEL with a G-810(32) or a G-811(32). Usually, RRB is trying to establish entitlement based on age.

In this situation, it was determined that MIRTEL can be cleared with a G-811(32) because RRB's HIB and SMIB dates are correct based on age. His previous entitlement based on disability was terminated correctly at SSA.

14) DUAL ANNUITANT

Reason - This message occurs when we receive two clearances for one SSN, and the RRB claim numbers are different. Refer to Examples 26 and 27.

Action - Instructions for consolidating the dual annuitant's records should be followed. See RCM 3.5.50.

Primary Number

Prepare G-811(34) and a letter to beneficiary.

Secondary Number

Prepare G-811(25) and, if necessary, an annuity adjustment

15) SSA REFUND FOR UNINSURED BIC INDICATED

Reason - This condition occurs when a screening record matches an MBR that is established for an uninsured SSA annuitant who is paying HIB and/or SMIB premiums directly.

Action - Transfer has been completed. Verify QRRB status. Compare RRB's HIB date to SSA's HIB date. Check the paid through date. If you determine that a refund of HIB premiums is due, file should be routed to the GS-11 supervisory claims specialist. If no refund is due, no other action is necessary.

Spouse paid HIB premiums to SSA for the period 7-1-78 thru 2-28-81. Spouse attained QRRB status 9-1-79. Therefore, a refund of HIB premiums is due for the period 9-1-79 thru 2-28-81. File should be routed to the GS-11 supervisory claims specialist who will make the necessary arrangements with CMS for refunding HIB premiums.

16) SMIB PAID THRU DATE ASSUMED PENDING INVESTIGATION OF SSA PREMIUM AMT.

Reason - There is a difference in SSA's and RRB's SMIB election and/or SMIB effective dates.

Action - Call SSA-PSC regarding SMIB premiums and election. Correct MIRTEL with a G-810(22), if necessary. If record has not cleared, use a G-810(32) to correct MIRTEL. There may be a refund due or an arrearage. Refer to Examples 29 and 30.

The paid through date on the referral is SSA's operating month when transfer action was taken. It must be verified.

RRB enrolling beneficiary based on age; previously enrolled at SSA based on disability. However, SSA's SMIB coverage was terminated. MIRTEL should be cleared with G-810(32); use SSA's HIB date, RRB's SMIB date. Option should be first enrollment with basic premium rate.

This situation resulted from rescreening. RRB and SSA's HIB and SMIB dates differ. SSA's PSC was called to verify the paid through date and a G-804 for refund was prepared.

RRB's HIB and SMIB dates are more advantageous and premiums were being paid timely. In some situations the paid through date can be advanced instead of the G-804 refund.

17) MANUAL TRANSFER REQUIRED -SSA TERM DATE AFTER RRB SMI DATE

Reason - This reject occurs when SSA's SMIB option is a termination or a withdrawal and RRB's SMIB option is a "YES."

Action - Verify enrollment and clear MIRTEL with the most advantageous information. If a correction is necessary, use a G-810(32). If MIRTEL contains correct information, use a G-811(32). In addition, a refund of SMIB premiums may be due. Call SSA PSC for the correct paid through date.

In this particular case, we screened using HIB and SMIB dates based on SSA's enrollment. There was no indication in our file that SMIB coverage was desired. Therefore, MIRTEL was cleared with a G-810(32), showing first termination, termination dates of 12-79, and a paid through date of 12-79.

18) RR ANNUITY IN SUSPENSE - VERIFY ADDRESS FOR ID CARD

Reason - The reject occurs whenever a screening record is sent to SSA and the beneficiary's monthly benefit is in suspense status.

Action - Determine QRRB status. If beneficiary is a QRRB and the address on the MIRTEL record is the current address, no further action is necessary. If the address on MIRTEL is incorrect or not shown, submit a G-810(22) to correct the address and to release a new identification card.

If the beneficiary is not a QRRB, Medicare should be transferred to SSA which is a G-811(52), RR-80 and letter to beneficiary should be completed.

Review disclosed that beneficiary is a QRRB and the address on MIRTEL is correct. Therefore, no further action was necessary.

19) CHECK FOR POSSIBLE ARREARAGE -RRB ENT DATE PRIOR TO SSA ENT DATE

Reason - This message occurs when RRB's SMIB date is prior to SSA's SMIB date, RRB has a refusal for SMIB, or RRB has a termination for SMIB coverage.

Action - Verify enrollment. Clearance was processed, however, it may be necessary to update or correct the MIRTEL with a G-810(22). In some cases a refund may be due or an arrearage may exist. It may be necessary to call the SSA-PSC for premium information.

In some cases you may have to reverse the termination with a G-811(26), then correct MIRTEL with a G-810(22).

In this case, a disabled child was enrolled at RRB with HIB 7-73, SMIB 7-73. However, the SMIB terminated 12-74. Child was enrolled at SSA with HIB 7-73 and SMIB 11-78. MIRTEL should be corrected to show second enrollment for SMIB.

20) DEEMED QRRB FROM SSA UNDER 1974 AMENDMENTS

Reason - This message occurs when a screening record matches a MBR with an "E" LAF code and "P" option SSA's HIB and SMIB dates are shown on the referral; however, RRB's HIB and SMIB dates are used to establish Medicare records.

Action - At one time this type of referral was informational. However, since we are not paying more SS benefits, a thorough check of the file should be made to determine the most advantageous dates for the beneficiary. The HIB effective date should always be corrected because, usually, there are no premiums involved. Depending on the circumstances, it may also be necessary to correct the SMIB effective date. Refer to RCM 3.2.90 for more specific instructions. The screening process has been completed and MIRTEL cleared. If MIRTEL should be corrected, use a G-810(22).

In some cases, it may also be necessary to call the SSA-PSC because of entitlement on another SSN. In addition, SSA may have deducted for a few months on the SSN on which we received clearance. You can determine this by checking the SSA award forms, the entitlement dates to benefits, when RRB started paying the benefits, and the G-90's. If a call is necessary, route file to a GS-7 examiner. This referral also identifies DOB discrepancies. If the DOB discrepancy has been resolved, correct MIRTEL accordingly. If not, forward file to the MOD.

If the beneficiary has lost QRRB status, it may be necessary to correct the MIRTEL record with a G-810(22) before submitting your G-811(52), RR-80 and letter to beneficiary.

DOB is the same at SSA and RRB. HIB and SMIB entitlement dates are the same. No further action necessary.

RRB's HIB and SMIB dates are more advantageous. Date of birth agrees. No further action necessary.

MIRTEL record is correct. However, if necessary, a G-607 should be submitted to correct the SS DOB on CHICO.

Medicare has been established based on RRB's DOB of 7-25-16. SSA's DOB is 7-25-14. Check the file. If DOB discrepancy has not been resolved, refer file to the MOD.

When correct DOB has been determined, if MIRTEL record needs correction, use a G-810(22). Correct according to RCM 3.2.46. If DOB on CHICO needs correcting use a G-607, according to RCM 9.4.

SSA's and RRB's HIB dates are the same. However, the MBR indicates an election for SMIB. Check the file. If there is no refusal, A G-811(25) should be submitted to enter SMIB election on MIRTEL. If not processed timely, an option

letter may be required and a G-810(22) prepared to enter SMIB election on MIRTEL.

SSA's HIB and SMIB dates are more advantageous than RRB's. If file review indicates that SMIB coverage is desired, the earlier HIB date and SMIB data can be put on MIRTEL with a G-810(22) and a new identification card should be released. If not processed timely, an option letter may also be required.

If SMIB coverage is not desired, correct HIB date with G-810(22) and release a new identification card.

RRB's and SSA's HIB dates are the same. However, SSA's SMIB effective date is more advantageous. Take one of the following actions:

- 1) If premium deductions have been initiated based on the earlier SMIB date and premium rate, correct MIRTEL SMIB date with a G-810(22) and release a new identification card.
- 2) If premium deductions have been initiated based on the later SMIB date and the premium rate is not correct adjust the annuity, refund excess premiums and correct the MIRTEL SMIB rate with a G-810(20).
- 3) If premium deductions have not been initiated, MIRTEL should be corrected with a G-810(22) to reflect earlier SMIB data and a new identification card released. In some situations, an option letter may be required.

This case concerns entitlement based on disability. SSA's dates are earlier because SSA has a earlier annuity beginning date.

Always correct HIB date. If deductions have started, do not change our SMIB date. If deductions did not start, correct the SMIB data and release a new identification card using G-810(22).

Sometimes, SSA's entitlement is based on CRD. This can be determined by checking the file thoroughly. If it is a CRD enrollment, release a teletype (HMO). If reply verifies that entitlement is established based on CRD, a G-810 should be submitted to correct the MIRTEL and there would be a premium arrearage. It may be necessary to call SSA for further verification.

21) UNABLE TO PROCESS ACTIVITY - SCREENING REPLY OUTSTANDING

This referral is produced when an activity matches a MIRTEL that has a screening reply outstanding. The activity will not process.

Check file and determine if there is a MER reject in file that was not processed. If there is no MER reject, release HMO teletypes and clear MIRTEL record accordingly, or rescreen if necessary.

22) P-OPTIONS ENCOUNTERED IN MBR RECORD

Reason - This message occurs when a previously established P-option is in MBR.

Action - Call PSC to verify paid through date. Then, prepare G-810(32) to correct MIRTEL and HIM.

After the paid through date is known, correct MIRTEL and HIM.

23) INVESTIGATE DELINQUENT SMI PREMIUMS

Reason - This message occurs when there is a SMI arrearage from SSA.

Action - Verify arrearage by calling PSC and handle according to RCM 3.2.

After the arrearage is verified, follow procedure for equitable relief.

Appendix B - Common HIM Exception Codes And Descriptions

Exception Code	Description
CK	Part B third party code.
ED	Date of birth.
EF	Part A entitlement date is not consistent with other fields in the transaction.
EG	Part B option is invalid or is not consistent with other fields in the transaction.
EH	Part B entitlement date.
EI	Part B entitlement date is not consistent with other fields in the transaction.
EK	First Part B termination date is not consistent with other fields in the transaction.
EU	Cross-reference claim number.
EV	Cross-reference BIC.
FB	Date of death.

FZ	Address line (address should start in the first position of the address line.)
HB	Part A entitlement date (disability case).
HN	Part A termination date is not consistent with other fields in the transaction.
L1	The transaction contains an adverse Part A entitlement date without a corresponding change in the date of birth or date of entitlement to disability. The adverse Part A entitlement date has not been applied.
L9	A transaction containing a Part B option of T or W is attempting to terminate a recently entitled master record. The termination date in the transaction is not greater than the month of Part B entitlement contained in the HI master plus one month.

- RRB record matched on BIC to HI master skeleton record (reject)
- RRB record matched on BIC unmatched on personal characteristics filming and investigation at SSA (alert).

Appendix C - HIM Exception Conditions

(Examples at end of Appendix)

- Type RRB record matched on BIC to HI master skeleton record

Condition A screening record is entered and a record under that number was previously established.

Action Drop existing record G-811(05). Assign a pseudo number in the appropriate manner G-810(31/33) GRADE 5

Condition Date of death was entered. Master record has not been deactivated. The beneficiary is alive (Refer to example 2).

Action Reactivate HIM (HCFA-1365). Allow 6 to 8 weeks to elapse. Enter a universal RIC to complete the correction. GRADE 8
- Type RRB record conveying adverse Part A date (not applied. Refer to example 5).

Condition A HIB date has been established on HIM. A later date is on

MIRTEL.

- Action Determine the correct date. If HIM is incorrect, correct (HCFA-1364). If MIRTEL is incorrect, correct G-810(22). GRADE 7
3. Type Part A date inconsistent with other data.
- Condition Date is missing or correct on MIRTEL. A date has been established on HIM.
- Action Determine the correct entitlement date. If HIM is correct, correct MIRTEL G-810(22). If information on HIM is incorrect, correct (HCFA-1364). Allow at least 6 weeks to elapse and correct MIRTEL. GRADE 7.
4. Type Part A date for beneficiary is invalid.
- Condition Sex code is missing or beneficiary code is incorrect.
- Action Verify beneficiary status. If sex code is missing, correct with G-811(22). If beneficiary and sex codes are incorrect, use G-810(22). GRADE 5.
5. Type First Part A termination date is not consistent.
- Condition Termination date is prior to the entitlement date on HIM.
- Action Verify the correct entitlement and termination dates. Correct HIM (HCFA-1364). Follow this action with an appropriate universal RIC. GRADE 8.
6. Type RRB record matched on BIC, unmatched on personal characteristics.
- Condition Sex code is incorrect or absent. Name on MIRTEL and HIM are different.
- Action If the sex code is missing on MIRTEL but shown correctly on HIM, correct MIRTEL with a universal RIC G-811(22). (Refer to example 3). GRADE 5.
- If sex code is correct on MIRTEL, but incorrect on HIM, correct with a HCFA-1664.
- If sex code is incorrect on both records, correct each record. GRADE 7.
- If the sex code is correct but name differs on HIM and MIRTEL, determine correct name and correct with either G-810(22) or

HCFA-1664.

7. Type RRB record conveying an adverse Part B date (applied). Refer to Example 4.
- Condition An earlier date is on the HIM. Correction record contains a later date.
- Action Verify entitlement. If HIM is correct, change MIRTEL to agree G-810(20/22). If MIRTEL is correct, change HIM (HCFA-1363). Follow with universal RIC.
8. Type Part B entitlement date.
- Condition Part B date missing from MIRTEL.
- Action Verify HIM. If coverage has terminated, check entitlement and termination dates. Make corrections (HCFA-1364). After the correction has processed, complete a universal RIC. GRADE 7.
9. Type RRB record attempting to terminate recently entitled master. (Term date not greater than Part B date plus 1 month)
- Condition Self-explanatory.
- Action Reverse erroneous termination G-811(26). Write an explanatory letter to beneficiary. GRADE 8.
10. Type Part B third party code.
- Condition There is a discrepancy between MIRTEL and the trailer code on the HIM.
- Action Determine correct information. Make necessary correction on a universal RIC. GRADE 5.

EXAMPLE 1 - Employee died April 4, 1979. Universal RIC changed his name erroneously. Correct HIM (HCFA-1664). Remove reject indicator G-810(22).

08/07/81

SSA-HIM CORRECTION REJECT

PREFIX	CLAIM NR	DOB	SEX	NAME
A	999999	09-06-15	UNK	J W DOE

SSA PROCESS DATE - 07-21-81

UNABLE TO DETERMINE CAUSE OF REJECT - (FB

AFBB00038296110AMS BW8 12028120296&151

EXAMPLE 2 - D.O.D. entered erroneously. Re-activate record (HCFA-1365). Follow up Universal RIC G-811(22).

10/12/82

SSA-HIM CORRECTION REJECT

PREFIX	CLAIM NR	DOB	SEX	NAME
A	999999	08-06-85	MALE	J M DOE

SSA PROCESS DATE - 09-28-81

RRB Record Matched On BIC To HI Master Skeleton Record

EXAMPLE 3 - Sex code missing. Correct with Universal RIC G-811(22)

09/08/81

SSA-HIM Correction Reject

PREFIX	CLAIM NR	DOB	SEX	NAME
WA	999999	09-08-90	UNK	J R DOE

SSA PROCESS DATE - 08-19-81

RRB RECORD MATCHED ON BIC, UNMATCHED ON PERSONAL CHARACTERISTICS - FILMING AND INVESTIGATION AT SSA

EXAMPLE 4 -10/19/81

SSA-HIM JURISDICTION REJECT

PREFIX	CLAIM NR	DOB	SEX	NAME
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CA	999-99-9999	07-22-48	MALE	J DOE
WA	999999	09-08-90	UNK	J R DOE

SSA PROCESS DATE - 10-15-81

RRB RECORD CONVEYING AN ADVERSE PART B DATE (APPLIED)

EXAMPLE 5

10/19/81

SSA-HIM CORRECTION REJECT

PREFIX	CLAIM NR	DOB	SEX	NAME
WD	999-99-9999	01-21-15	FEMALE	J E DOE

SSA PROCESS DATE - 10-09-81

RRB RECORD CONVEYING ADVERSE PART A DATE (NOT APPLIED)

Exhibits

Exhibit 1 - G-811 Reformatting Rejects

BOX 1 - ALL PREFIX INDICATOR BOXES ARE BLANK

ACTION: Determine and code correct prefix of claim number and resubmit G-811.

BOX 1 - MORE THAN ONE PREFIX INDICATOR HAS BEEN MARKED

BOX 1 - MORE THAN ONE SYMBOL INDICATOR HAS BEEN MARKED

BOX 1 - WRONG COMBINATION OF SYMBOL INDICATORS HAS BEEN MARKED

BOX 2 - CLAIM NUMBER CONTAINS INVALID DATA

BOX 3 - ACTIVITY CODE CONTAINS INVALID DATA

BOX 4 - TYPE BENEFICIARY CONTAINS INVALID DATA

BOX 5 - DATE OF BIRTH CONTAINS INVALID DATA

BOX 6 - SEX CODE CONTAINS INVALID DATA

BOX 7 - PSEUDO NUMBER CONTAINS INVALID DATA

ACTION: Determine correct entry for the box indicated on reject and submit another G-811.

BOX 8 - EVENT CODE CONTAINS INVALID DATA

BOX 8 - DATE CONTAINS INVALID DATA

ACTION: Determine correct event code or event date. Activity code, event code, and event date must be consistent. Submit another G-811.

BOX 9 - FORMER SSA OR RRB NO. CONTAINS INVALID DATA

ACTION: Verify that the former number is correct as well as the converted SSA claims suffix or numeric BIC for the RRB symbol and prefix. Submit another G-811 with corrected former RRB or SSA number.

BOX 10 - UNIT DESIGNATION CONTAINS INVALID DATA

ACTION: Correct and submit another G-811.

Exhibit 2 - Daily MIRTEL Referrals

ACTIVITY INVALID AGAINST DUAL ANNUITANTS-1225

CAUSE: This occurs when an activity is prepared for a record with a SMI option 9, dual annuitant.

ACTION: If the SMI option 9 is valid, the activity is unnecessary. If this record is becoming the primary record, prepare a Form G-811 activity code 05 to drop the record and a G-810 activity code 33 to establish the record and send a RIC to cross refer and transfer utilization from the former RRB number.

ACTIVITY INVALID FOR INACTIVE MIRTEL-1222

CAUSE: This will occur when an activity is processed for a record with record status 98, Inactive - No Longer QRRB. It can also occur with record status 90 or 99 if the activity does not reflect the termination.

ACTION: If the beneficiary has regained QRRB status or the death termination was erroneous and MIRTEL shows record status 90 or 99, correct the record with a G-810 activity code 22.

If the beneficiary has regained QRRB status and MIRTEL shows the record status 98, prepare a G-811 activity code 05 to drop the record, and

establish record with a G-810 activity code 13 if MBR shows a "P" option (G-811 activity code 22 is needed if there is a change in the surname.) or

establish record and screen with a G-810 activity code 12 if MBR shows "E" "Y" option.

NOTE: Beneficiary's terminated record must be removed from CHICO.

ACTIVITY MATCH CROSS REFERENCE RECORD-1304

CAUSE: An activity other than an ID request or inquiry matched a pseudo number cross-reference record.

ACTION: Prepare new input showing the RRB claim number in item 1 of Form G-810 or item 2 of Form G-811, also show the pseudo number in the appropriate area.

ACTIVITY MATCHED MIRTEL CODED FOR DROP-1309

CAUSE: Most activity is dropped immediately when activity 06 is processed, however, if the address is not in the MIRTEL record the record cannot be dropped until the address is received from CHICO. Any activity processed during this interim period will reject.

ACTION: If the action is valid it should be reentered.

ACTIVITY/MIRTEL - SSA NUMBERS NOT EQUAL-1207

CAUSE: This occurs when a mechanical activity matches MIRTEL but the SSA numbers are not the same.

ACTION: If the MIRTEL record is correct, mark the referral NAN.

If the SSA number on the MIRTEL record is incorrect, drop the record with a G-811 activity code 05 and reestablish the record with a G-810 activity code 13 (use activity code 12 if screening is required).

ACTIVITY TO ESTABLISH RECORD MATCHED EXISTING MIRTEL-1301, 1003

CAUSE: This reject occurs when the activity matched an existing record. This can be a complete match or partial match i.e., same symbol and pseudo number, if present.

ACTION: If the activity matched a record for a different beneficiary, and if the claim symbol is correct for both beneficiaries, establish a pseudo.

If the activity matched a record for the same beneficiary, check the entitlement data. If this data is the same, mark the referral NAN and file it down. If the entitlement data is different, determine which is correct. If the existing record is correct, mark the referral NAN and file it down. IF the data on the activity is incorrect, prepare Form G-810 activity code 22 to correct the erroneous data.

ADDRESS DOES NOT MATCH RESIDENCY TABLE-1507

CAUSE: The SMI rate table indicator of S, P, or C does not agree with the address shown.

ACTION: If the sex code is missing, prepare Form G-810 activity 22, including the sex code and appropriate ID issue code.

If the address is required, prepare Form G-810 activity code 22 including the address and the appropriate ID issue code.

ADDRESS UNAVAILABLE - MIRTEL DROPPED - NO RIC SENT-1310

CAUSE: Activity code 06 was processed for a record without an address and the address was unavailable from CHICO.

ACTION: If it is necessary to send a RIC to delete the record, prepare Form G-810 activity 13 then five days later reenter the 06 activity.

ATTAINMENT MATCHED EXISTING MIRTEL - PROCESS MANUALLY-1237

CAUSE: This occurs when an attainment activity to establish a record and screen matched an existing record. This can be a complete match or partial match.

ACTION: If the activity matched a record for a different beneficiary, a G-810 activity code 12 should be submitted. If the claim symbol is correct for both beneficiaries, assign a pseudo number.

If the activity matched a record for the same beneficiary, check the entitlement data on both the existing record and the activity. If the data is the same, mark the referral NAN and file it down. If the data is different, determine which is correct. If the existing record is correct, mark the referral NAN and file it down. If the data on the activity is correct, submit either a G-810 activity code 22 or G-811 activity code 25.

NOTE: When a disabled beneficiary attains age 65, he/she has another opportunity to enroll in AMI at the regular non penalty premium rate.

If a variable rate was established in January and the enrollment based on age 65 is in the same year; the variable rate still applies.

ATTAINMENT TOO OLD TO PROCESS-1056

CAUSE: SMI effective date is 6 or more months before the processing date of G-810.

ACTION: MPS examiner should prepare G-810 to enroll individual according to instructions in RCM 3.2.89A.

CATASTROPHIC EFFECTIVE DATE BEFORE SMI EFFECTIVE DATE-1509

CAUSE: catastrophic effective date must be equal to or later than SMI effective date.

ACTION: Determine correct SMI effective date and/or catastrophic effective date and submit corrected G-810.]

CATASTROPHIC EFFECTIVE DATE LESS THAN MASTER DATE-ACTIVITY 17 REJECTED-1517

CAUSE: The COL update established a variable rate, mechanical activity code 17 matched MIRTEL showing prior manual activity 17 with conflicting information.

ACTION: Verify catastrophic data and submit a G-810, if MIRTEL is incorrect.

CATASTROPHIC EFFECTIVE DATE LESS THAN HI EFFECTIVE DATE-MASTER NOT UPDATED-1551

CAUSE: The catastrophic effective date is prior to HI effective date.

ACTION: Verify information and submit corrected G-810, if necessary.]

CHANGE ACTIVITY NOT MATCHED TO MIRTEL-1300

CAUSE: A change activity did not match an existing record on claim number, pseudo number, if present, beneficiary symbol, year of birth or if the year of birth is changed, the name.

ACTION: Check the matching fields on the MIRTEL and activity. If the activity is incorrect, prepare a corrected input. If there is no MIRTEL determine if the activity is valid. If it is, establish a MIRTEL record.

COL VARIABLE-MIRTEL DOES NOT HAVE DEDUCTION STATUS-1515

CAUSE: The COL update established a variable rate. Mechanical activity code 17 matched MIRTEL showing no deductions.

ACTION: Verify SMI entitlement. If SMI deductions are proper, correct MIRTEL. If not, stop deductions. If beneficiary is no longer a QRRB or is deceased, prepare a G-96 and send the case to the MOD.

COL VARIABLE-MIRTEL SMI OPTION OTHER THAN 1 OR 5-1514

CAUSE: The COL update established a variable rate and mechanical activity code 17 matched a MIRTEL record with a SMI option other than 1 or 5.

ACTION: Verify SMI enrollment. If SMI enrollment is valid, correct MIRTEL. If MIRTEL is correct, deductions should be stopped. Check for possible refund.

COL VARIABLE-NO MATCHING MIRTEL RECORD-1513

CAUSE: The COL update established a variable rate and mechanical activity 17 did not match a MIRTEL record.

ACTION: Verify Medicare coverage and identifying data. If valid, establish a MIRTEL record or correct matching data. If invalid, deductions should be stopped.

COL VARIABLE-VERIFY SMI EFFECTIVE DATE-1516

CAUSE: The COL update established a variable rate, mechanical activity code 17 showed deductions prior to SMI effective date on MIRTEL.

ACTION: Verify effective date. If MIRTEL is correct, deductions should stop if still prior to effective date. Refund premiums. If deductions are proper, correct MIRTEL.

CROSS REFERENCE RECORD MATCHED EXISTING ENTITLEMENT RECORD-1302

CAUSE: The mechanical activity to establish the pseudo number cross-reference record matched an entitlement record.

ACTION: Determine which record is correct, the pseudo number or the entitlement. Take appropriate action to drop the erroneous record.

DOM APPLIES TO AUTOMATIC ENROLLMENT-1053

EE'S AGE OR D/F AFFECTS SPOUSE ENROLLMENT-1055

CAUSE: The RASI system is furnishing the MIRTEL system data that can not be verified mechanically.

ACTION: Determine spouse's Medicare eligibility and initiate necessary enrollment action (possible pseudo number).

ENROLLMENT DATA MISSING OR INVALID FOR THIS MIRTEL-1227

CAUSE: This occurs when activity 22 has a 5 SMI option with SMI effective dates prior to the SMI termination date.

ACTION: Determine the correct entitlement data. If MIRTEL must be corrected, prepare Form G-810 activity code 22 with the correct information.

IMPROPER USE OF RESERVED AREA-1041

CAUSE: Entry made in G-811 item 11.

ACTION: Determine if coding in item 11 is applicable to another entry. Submit new G-811.

INCONSISTENT DATA ON MECHANICAL INPUT-1042

CAUSE: RASI or SS application processed. Entitlement data, identifying information, SSA number, etc. are inconsistent.

ACTION: Determine the QRRB or deemed QRRB who is or will be eligible for Medicare and initiate necessary enrollment action.

IDENTIFYING DATA INCONSISTENT-1040

CAUSE: Beneficiary symbol, type of beneficiary code and DOB entries are inconsistent.

ACTION: Determine what you were trying to do and for whom. Resubmit activity with corrected entries.

INVALID OR INCORRECT ACTIVITY CODE-100

CAUSE: Activity code shown on form G-811 or G-810 is not a valid code.

ACTION: Enter correct activity code and resubmit G-810 or G-811.

INVALID OR INCORRECT ANN. BEGINNING DATE-1035

CAUSE: ABD must be consistent with record status. If coded, must be equal to or less than processing date plus 3 months.

ACTION: Verify record status code, correct date and resubmit G-810.

INVALID OR INCORRECT BEN SSA NUMBER-1016

CAUSE: Must be a valid 9 digit SSA number. If the activity is for an employee and this item is coded, it must be as the employee's SSA's number. If beneficiary has no SSA number, item should be blank.

ACTION: Determine correct number and resubmit G-810.

INVALID OR INCORRECT BEN SYMBOL-1004

CAUSE: Symbol unequal to M, W, WC, C, J, P, T, TC, K, KC, X or inconsistent with prefix.

ACTION: Determine correct symbol and resubmit G-810.

INVALID OR INCORRECT CATASTROPHIC DATA EFFECTIVE DATE-1505

CAUSE: The catastrophic data effective date is either prior to 12088 or contains a month unequal to 01-12, or a year unequal to 88 or later.

ACTION: Determine the correct catastrophic effective date and submit corrected G-810.

INVALID OR INCORRECT CHANGE INDICATOR-1501

CAUSE: The catastrophic data code change indicator (Item 9, 1st position) on G-810 is other than X.

ACTION: Submit correct G-810.]

INVALID OR INCORRECT CITY NAME-1046

CAUSE: A G-810 was prepared with a name and address. However, the system detected erroneous information or was unable to develop information from coded data.

ACTION: Verify address and submit corrected G-810.

INVALID OR INCORRECT CLAIM NUMBER-1003

CAUSE: Prefix A, six digit claim number is greater than 991273; prefix D, six digit claim number is greater than 415935; prefix H, claim number greater than 049159. The system will only accept a pseudo number in the claim number entry for G-811 activity codes 62, 98, or 99.

ACTION: Determine correct claim number and resubmit activity.

INVALID OR INCORRECT DATE OF BIRTH-1006

CAUSE: Month must be 01-12, day 00-31, year 00-99.

ACTION: Determine correct DOB and resubmit G-811.

INVALID OR INCORRECT DATE OF DEATH-1031

CAUSE: Should only be coded with activity code 13 or 22. DOD must be equal to or greater than SMI effective date, if coded. If no SMI effective date shown, must be greater than 6/66 for aged beneficiary or greater than 6/73 for disabled beneficiary.

ACTION: Verify activity code and if entry is applicable, resubmit corrected G-810.

INVALID OR INCORRECT DELINQUENCY DATE-1028

CAUSE: Entry is only allowed for record status codes 22-24. If record status is 22, the date should be greater than or equal to:

SMI effective date plus 2 months, or

the paid through date plus 3 months, or

the processing date plus 4 months.

If record status is 23 or 24, month should always be **April**. If no paid through date entered, the year should be the following year. If a paid through date is shown and is prior to December of the current year, enter the following year. If paid through date is December of the current year, enter current year plus 2.

ACTION: Determine correct date and resubmit G-810.

INVALID OR INCORRECT DIS FREEZE DATE-1036

CAUSE: DF date cannot be coded if Medicare entitlement was based on age. If coded, must be less than or equal to the processing date less 23 months.

ACTION: Verify the type of beneficiary. Enter correct date if required. Resubmit G-810.

INVALID OR INCORRECT EE SSA NUMBER-1017

CAUSE: This item must always be completed. If unknown, enter nines. Must be a valid 9 digit SSA number. Should be the same as the 9 digit RRB claim number.

ACTION: Determine correct number and resubmit G-810.

INVALID OR INCORRECT ENTRY MADE-1506

CAUSE: G-810, Item 9, last box, not blank.

ACTION: Submit corrected G-810.

INVALID OR INCORRECT EVENT CODE-1009

CAUSE: Unequal to 1-8 or not shown with activity codes 23-25, 27, 50 and 51.

ACTION: Determine correct event code and resubmit G-811.

INVALID OR INCORRECT EVENT DATE-1010

CAUSE: Event code entered without event date, month no 01-12, or year not 66-current.

ACTION: Determine current date based on event code, and resubmit G-811.

INVALID OR INCORRECT EXCESS PREMIUM-1026

CAUSE: Cannot be entered with activity codes 12 or 21. Cannot be greater than SMI premium rate. When removing excess (xxxx), option cannot be 2, 3, or 8.

ACTION: Determine correct amount, resubmit G-810.

INVALID OR INCORRECT FOREIGN COUNTRY NAME-1045

CAUSE: G-810 was prepared with a name and address. However, the system detected erroneous information or was unable to develop information from the coded data.

ACTION: Verify address and resubmit corrected G-810.

INVALID OR INCORRECT FORMER NUMBER-1011

CAUSE: If activity 34 or 35, must be valid 6 or 9 digit RRB claim number or a valid pseudo number. If activity is 30, 32 or 36, must be a valid 9 digit SSA number.

ACTION: Determine correct former number and resubmit G-811.

INVALID OR INCORRECT GEO CODE-1050

CAUSE: Geographic code is a mechanically produced code which refers to the region of the beneficiary's address. G-810 was prepared with a name and address. However, the system detected erroneous information or was unable to develop information from the coded data.

ACTION: Verify address and resubmit corrected G-810.

INVALID OR INCORRECT HI DATE OF BIRTH-1015

CAUSE: Month 01-12, day 01-31, year 00-99. Mandatory item.

ACTION: Enter correct DOB and resubmit G-810.

INVALID OR INCORRECT HIB EFF DATE-1029

CAUSE: Has to be consistent with identifying information. If age beneficiary, should be 7/66 or later and agree with age 65 and/or filing date. If a disabled beneficiary, must be 20 or older and date 7/73 or later.

ACTION: Determine correct date, resubmit G-810.

INVALID OR INCORRECT HIB TERM DATE-1030

CAUSE: Must be consistent with record status. Should be equal or greater than SMI effective date plus one month and less than processing date plus six months.

ACTION: Determine if entry is required and correct date. Resubmit G-810.

INVALID OR INCORRECT ID ISSUE CODE-1032

CAUSE: Must be coded 1-5 when a required entry. If the activity code is 20 and the SMI option is 8, the ID issue code must be coded 2 or 5. If the ID issue code is coded 1, the processing date must be 2 or more months before the SMI effective date and the SMI option must be code 1.

ACTION: Determine correct code and resubmit G-810.

INVALID OR INCORRECT NAME AND ADDRESS-1048

CAUSE: G-810 was prepared with a name and address. However, the system detected erroneous information or was unable to develop information from the coded data.

ACTION: Verify address and resubmit corrected G-810.

INVALID OR INCORRECT PAID THRU DATE-1025

CAUSE: Must be consistent with activity code, record status and SMI option. Has to be greater than 6/66 for age cases or 6/73 for DIB cases. Must be equal or greater than SMI effective date.

ACTION: Determine correct date, if applicable, resubmit G-810.

INVALID OR INCORRECT PAYEE CODE-1033

CAUSE: Should only be coded when beneficiary is in current pay or suspense status (RR or SS)> Do not enter payee code for IPI spouse.

ACTION: Determine status of and code correct payee code, if applicable.

INVALID OR INCORRECT PREFIX-1002

CAUSE: Prefix was omitted or not A, D or H.

ACTION: Determine correct prefix and resubmit activity.

INVALID OR INCORRECT PSEUDO NUMBER-1008

CAUSE: When coded, must be 995001 - 997999, of if a SSA No., must be the same as beneficiary's own number. Cannot be coded for an employee or JA.

ACTION: Determine pseudo no. and resubmit activity.

INVALID OR INCORRECT RECORD STATUS-1020

CAUSE: Required entry and should be consistent with activity code.

ACTION: Determine correct code and resubmit G-810.

INVALID OR INCORRECT REP PAYEE CODE-1034

CAUSE: Should only be coded when a name and address is shown. Acceptable codes are 1-3.

ACTION: Determine if entry is required and enter code that is consistent with name and address.

INVALID OR INCORRECT RRB DATE OF BIRTH-1014

CAUSE: Month 01-12, day 01-31, year 00-99. Mandatory item.

ACTION: Enter correct DOB and resubmit G-810.

INVALID OR INCORRECT SBI ACC DATE-1037

INVALID OR INCORRECT SBI DEL DATE-1038

CAUSE: SBI accretion date must be shown if activity code is coded 12, 13, 31 or 33 and SMI option coded 8. Accretion/deletion dates can both be coded if SMI option is 1 or 5, will be rejected if option coded 4 or 6.

ACTION: Verify option and if applicable, enter correct accretion and/or deletion date. Resubmit G-810.

INVALID OR INCORRECT SEX CODE-1007

CAUSE: Mandatory entry M or F, 1 or 2, blank only accepted on inquiries.

ACTION: Determine correct sex code and resubmit G-810 or G-811.

INVALID OR INCORRECT SMI EFF DATE-1023

CAUSE: If entitlement is based on age, must be 7/66 or later. Will be verified when possible, with DOB and filing date.

If entitlement is based on disability, must be 7/73 or later. Will be verified when possible, with freeze date and ABD.

Can never be later than current date plus 6 months. Must be consistent with SMI option.

ACTION: Determine correct date and resubmit G-810.

INVALID OR INCORRECT SMI OPTION-1022

CAUSE: Must be consistent with record status.

ACTION: Determine correct SMI option code, resubmit G-810.

INVALID OR INCORRECT SMI OPTION-1511

CAUSE: Entry in catastrophic data, G-810 Item 9, indicates SMI coverage, but SMI options code unequal to 1, 4, 5, 6, or 8.

ACTION: Verify SMI option and catastrophic data and submit corrected G-810.]

INVALID OR INCORRECT SMI OPTION FILING DATE-1021

CAUSE: Must be a valid IEP or GEP date.

REASON: Verify SMI option and catastrophic data and submit corrected G-810.]

INVALID OR INCORRECT SMI PENALTY PERCENTAGE INDICATOR-1504

CAUSE: Penalty percentage indicator unequal to 000, 010, 020 through 220.

ACTION: Determine correct penalty percentage indicator and submit corrected G-810.

INVALID OR INCORRECT SMI PREMIUM RATE-1024

CAUSE: G-810 activity code other than 17 submitted.

For state buy-in cases, must be the current basic rate from the applicable SMI table.

For options 1 or 5, if establishing a SMI premium rate, must be one of the three SMI table rates and must agree with the enrollee's residence, otherwise, must be a table rate and be consistent with the catastrophic data on the MIRTEL master.

For options 4 or 6, must be a table rate and must be the SMI premium rate that was in effect when SMI terminated.

ACTION: Enter correct rate and resubmit G-810. Items 12, 13, and 14 must be completed. If the SMI rate is variable, use activity code 17.

INVALID OR INCORRECT SMI RATE TABLE INDICATOR-1502

CAUSE: Rate table indicator unequal to S, P, or C.

ACTION: Determine the correct entry and submit corrected G-810.0

INVALID OR INCORRECT SMI TERM DATE-1027

CAUSE: Must be consistent with record status and option. If consistent, must be greater than SMI effective date and equal to or less than processing date plus 6 months.

ACTION: Determine correct date, resubmit G-810.

INVALID OR INCORRECT SMI VARIABLE RATE INDICATOR-1503

CAUSE: Variable rate indicator unequal to N or V.

ACTION: Determine the correct entry and submit corrected G-810]

INVALID OR INCORRECT SSA CLAIM NUMBER-1018

CAUSE: When coded, must be a valid 9 digit SSA No. If SSA suffix is "A" and activity is for an employee, it must be the same as employee's SSA number (item 8). If SSA suffix is "A" and activity is not for an employee, must be the same as beneficiary's SSA number (item 7).

ACTION: Determine correct number and resubmit G-810.

INVALID OR INCORRECT SSA SUFFIX/SYMBOL-1019

CAUSE: If the activity code indicates SSA - RRB transfer (30-32 OR 35) must be a valid SSA suffix. If activity code indicates RRB - RRB transfer 33-35), must be a valid RRB symbol.

ACTION: Determine correct Suffix/Symbol, resubmit G-810

INVALID OR INCORRECT STATE ABBREVIATION-1044

INVALID OR INCORRECT STATE FOR APO - FPO-1051

CAUSE: A G-810 was prepared with a name and address. However, the system detected erroneous information or was unable to develop information from the coded data.

ACTION: Verify state abbreviation by checking RCM 8.1 Appendix B. Verify address for APO-FPO. Correct address and resubmit G-810.

INVALID OR INCORRECT SUFFIX SYMBOL-1012

CAUSE: If activity code is 30, 32, 36 - must be 01-26. If activity code is 34 or 35 - must be 10-11, 13-17, 43, 45-46, 80, 83-86.

ACTION: Refer to conversion chart on G-811. Enter correct **numeric** code and resubmit activity.

INVALID OR INCORRECT 3RD PARTY CODE-1039

CAUSE: Can only be coded if record status coded 22. Must be acceptable 3rd Party Code 01, 51-58, 60-62, 69-70, 98-99.

ACTION: Verify record status, enter correct record status and 3rd Party Code, if applicable. Resubmit G-810.

INVALID OR INCORRECT TYPE BENEFICIARY-1005

CAUSE: Type beneficiary cannot be blank. Entry must be an acceptable code and must be consistent with the beneficiary symbol.

ACTION: Determine correct type beneficiary code and resubmit activity.]

INVALID OR INCORRECT UNIT DESIGNATION-1013

CAUSE: Missing, zero, or unequal to acceptable numeric or alpha/numeric unit designation.

ACTION: Correct unit designation and resubmit G-810 or G-811.

INVALID OR INCORRECT ZIP CODE-1049

CAUSE: System detected erroneous information.

ACTION: Verify address and resubmit corrected G-810.

MIRTEL HAS NO ADDRESS - ACTIVITY MUST SUPPLY-1220

CAUSE: This occurs if the activity has a record status of no annuity application filed (12,22) and MIRTEL has either to be adjusted or deductions in force. (21 or 31).

ACTION: Prepare G-810 including the name and address.

MIRTEL SHOWS CHICO IN FORCE WITH DED-ACTIVITY HAS NO PAID THRU DATE-1229

CAUSE: This occurs when the activity is changing the record status from 31 to 21, 22, 23, or 24.

ACTION: Prepare G-810 showing the paid thru date.

MIRTEL SHOWS CHICO IN FORCE WITH DED-ACTIVITY INVALID-1234

CAUSE: This occurs when activity code 20 is used to enter a SMI termination date in the past.

ACTION: Prepare G-810 activity code 22 to take this action.

NAME AND ADDRESS NOT COMPLETED-1512

CAUSE: Activity code 17 requires that the name and address be entered.

ACTION: Resubmit G-810 with the name and address.]

NAME AND DOB IN ACTIVITY AND MIRTEL NOT EQUAL-1233

CAUSE: This occurs when both a name and date of birth change are conveyed on the same activity. It may also occur if an activity matched the wrong MIRTEL record.

ACTION: Prepare a G-810 to change the name. A few days later, prepare a second Form G-810 to change the date of birth. If the activity matched an incorrect record, determine whether or not a pseudo number is required.

NO ADDRESS IN MIRTEL OR ACTIVITY, UNABLE TO OBTAIN FROM CHICO-1306

CAUSE: This will occur if CHICO is unable to furnish an address.

ACTION: Prepare G-810 including the name and address.

NO REPLY TO SCREENING TRACER-1312

CAUSE: The system generates this 30 days after the tracer if no reply is received.

ACTION: Query SSA's MBR using G-780b and handle in accordance with current instructions.

NO VALID SSA NUMBERS PRESENT-1054

CAUSE: Employee and beneficiary SSA number are blank, activity requires that at least one should be coded.

ACTION: Determine employee and/or beneficiary's number and resubmit G-810.

PAID THRU DATE AFTER SMI TERM-POSSIBLE REFUND DUE-1313

CAUSE: The system generates this when premiums have been paid after the SMI termination date.

ACTION: If a refund is due, prepare a G-804 to refund the excess premiums.

PAYEE CODE REQUIRED FOR CHICO ADDRESS INQUIRY-1326

CAUSE: This will occur if the activity does not contain a payee code and there is no payee code in the MIRTEL record.

ACTION: Prepare a G-810 to take the desired action, include the payee code.

RPD ON ACTIVITY AND MIRTEL NOT EQUAL-SUBMIT G-810 ACTIVITY CODE 17-1518

CAUSE: SMI premium rate on activity does not match rate on MIRTEL and catastrophic data indicators not provided.

ACTION: Verify rate, if catastrophic data applies, submit G-810 activity code 17.]

REP PAYEE DATA INCONSISTENT-1052

CAUSE: A G-810 was prepared with a name and address which indicates a REP PAYEE is involved (contains "FOR" "AND FOR") and REP PAYEE CODE is not 1-3, or REP PAYEE is coded and no REP PAYEE in NAME/ADDRESS.

ACTION: Verify REP/PAYEE and resubmit G-810 with corrected code or NAME/ADDRESS.

SBI ACTIVITY CONVEYING DEATH-MIRTEL NOT UPDATED-1231

CAUSE: This occurs when a mechanical SBI activity indicates death.

ACTION: Determine whether or not the beneficiary is dead. If he is not, request a corrected SBI card from SSA. If he is dead, take appropriate action to terminate the record, if it has not been terminated.

SBI ACTIVITY CONVEYING DEATH-MIRTEL NOT UPDATED-1224

CAUSE: This occurs when a G-810 activity is attempting to change the SMI option to or from SBI (8) without the accretion or deletion date.

ACTION: Prepare a corrected G-810 including the accretion or deletion date.

SEX CODE ON ACTIVITY AND MIRTEL NOT EQUAL-1235

CAUSE: This occurs when the sex code on G-810 activity code 20 does not match the sex code on MIRTEL.

ACTION: If the sex code on MIRTEL is correct, prepare a corrected G-810. If the sex code is incorrect on MIRTEL, prepare a G-810 activity code 22 to take the desired action and change the sex code.

SMI EFFECTIVE DATE IN ACTIVITY AND MIRTEL NOT EQUAL-1210

CAUSE: This occurs when the SMI effective date in a mechanical activity is earlier than the effective date in MIRTEL.

ACTION: Determine the correct effective date and prepare G-810 activity 22 to correct the date if necessary.

SMI OPTION INVALID FOR THIS MIRTEL-1221

CAUSE: This occurs when activity 20 conveys a SMI option (other than state buy-in) which is different than the option on MIRTEL. It will also occur if activity 22 conveys an option change without a corresponding change in record status, or conveys an illogical option change, i.e., MIRTEL has an 8 option and the activity has a 2 option.

ACTION: If a logical option change is required, prepare G-810 activity 22 to change the option and record status. If the option on MIRTEL is wrong and the change cannot be made with activity code 22, drop the record and reestablish it correctly.

SMI PREMIUM RATE NOT CONSISTENT WITH INDICATORS-1510

CAUSE: The SMI rate is not consistent with either the residency, variable or penalty percentage indicator. For example, indicators show standard table, non-variable, zero penalty percent and the SMI rate is less than the standard table rate.

ACTION: Verify SMI rate and indicators and submit corrected G-810]

SMI TERM DATA INVALID FOR THIS MIRTEL-1226

CAUSE: This occurs when an activity attempts to enter a SMI termination for a MIRTEL having a SMI option other than 1 or 5. It will occur if the termination data is incomplete, i.e., option 4 or 6 and no term date. Activity 20 will reject if it conveys a current or past termination or a change in termination date.

ACTION: Determine the proper enrollment information. If MIRTEL is incorrect, prepare a Form G-810 activity 22 to correct the record.

TOB INVALID FOR THIS MIRTEL-1223

CAUSE: This occurs when an activity with a type beneficiary, disabled now age 65, (2) matches a MIRTEL with a record status 90, Cessation of Disability.

ACTION: If a previously disabled beneficiary becomes reentitled based on attainment of age 65, the type beneficiary should be 0_, (age 65).

UNABLE TO CHANGE ENTITLEMENT DATES OR DOB WITH THIS ACTIVITY-1228

CAUSE: This occurs when activity 20 contains either entitlement dates or a date of birth which is different from the MIRTEL record.

ACTION: If the dates need to be changed, prepare Form G-810 activity code 22 to correct the record. If the dates on the activity were incorrect, prepare Form G-810 activity code 20 with the correct dates.

UNABLE TO ISOLATE NAME-1043

CAUSE: Pre-edit program has a very comprehensive routine for isolating the QRRB's Name. However, if the group mark (1) does not precede the first line of address or the name contains NON-ALPHABETIC characters, this reject will occur.

ACTION: Verify NAME/ADDRESS, resubmit G-810.

UNABLE TO PROCESS ACTIVITY-SCREENING REPLY OUTSTANDING-1308

CAUSE: All activity, except activity 05, 21, 32 and 34 will try to process for ten days before it rejects. This referral will be generated on the tenth day if the screening reply still has not been received.

ACTION: Query SSA's MBR had handle in accordance with current instructions.

UNABLE TO PROCESS ACTIVITY WITH THIS MIRTEL-1205, 1232

CAUSE: This occurs when the activity cannot be processed and none of the reasons listed above applies.

ACTION: MPS examiners give referral to supervisors; MOD examiners refer case to M&P-A.

ZIP CODE IS MISSING-1047

CAUSE: G-810 was prepared with a name and address but no zip code.

ACTION: Enter zip code and resubmit G-810.

Exhibit 3 - MIRTEL Daily Referral - Alert

ALERT – ANN ADJUSTED – ARREARAGE DUE -2226

CAUSE: This occurs when a beneficiary has Part B coverage and premiums have not been paid, either by deductions, direct bill, or by the state.

ACTION: Follow the steps outlined below to process an arrearage.

1. Check the date of the MEDREF referral. The arrearage period should be around that time. Use MOLI to determine what months the beneficiary had entitlement to Part B and to determine the correct premium rate. The MOLI CP screen will have detailed information about the premium rate, including information on IRMAA, Part B Reduction, variable rate and penalty rate.
2. Use PREH screen 3277 to determine what months premiums were deducted from the recurring RR or SS payments. The PYMT-BEG-DT field indicates the month the RRB paid out the benefit check. The SMI-PREM-AMT (NOTE: This amount could include Part C and/or D premiums. Check the MOLI CP screen for the Part B amount) field indicates how much was taken for the monthly premium. If there are entries in the TERM-SUSP-CAUSE-CODE field, the check for that month was not released, and therefore premiums were not deducted from the RR benefit for that month. If there is an entry in the SS-BENF-TERM-SUSP-CAUS-CD field, the SS benefit was not released for that month. Note any Medicare vouchers that appear in field RR-VCHR-NO. (TAX screen PF 21 will show recurring deductions from an RR benefit, but not always from an SSA benefit.) NOTE: See RCM 16.2 for further instructions on reading PREH screens.
3. Use PREH screen 3275 to determine which months had premiums deducted from non-recurring payments. The voucher number appears in the VCHR-NO-1 field and the VCHR-DT field has the date of the voucher.

Premiums deducted from vouchers or refunded from vouchers appear in the SMI-ACCRU-OP-AMT field on page 3 of the voucher. Deducted amounts will have a minus sign before the amount. Refunded premiums will not have a minus sign. Only premium refunds created in MAMMA (example 003 voucher) appear here. (NOTE: This amount could include Part C and/or D premiums. Check the CH or DH screens.) Premium deductions from an RBD/SBD manual voucher could appear here as well as the multiple month deduction vouchers (example 004 voucher) that are created in MAMMA.

Example 1: PREH screen 3275 indicates an 004 voucher took place on July 1, 2009. Page 3 of the voucher indicates \$192.80 was deducted. The \$192.80 is two months of premiums at \$96.40 per month for the months of June 2009 and July 2009. The premium deduction for multiple month premium deduction vouchers goes through the month of the voucher.

Example 2: PREH screen 3275 indicates an 003 voucher took place on June 22, 2009. Page 3 indicates \$289.20 was refunded. The \$289.20 is three months of premiums at \$96.40 per month for the months of April 2009 through June 2009. The refund of premiums goes through the month of the voucher.

(TAX screen PF 23 will show non-recurring deductions from RR benefits, but not always from SS benefits. Deductions from non-recurring payments can also be seen on the imaged ROC, SURPASS or SOLAR award.)

4. Check the MOLI (DB) screen (FOM 1 1540.15.3) to determine what months, if any, were paid by direct bill.

5. Check BERT (TP) screen for the months premiums were paid by the state (RCM 19.4.15). MOLI (SB) screen (FOM 1 1540.15.4) has state-buy-in information as well, but BERT (TP) is the official record.

6. Use the PHUS (RCM 19.2.15 e) to determine what months SSA deducted premiums. The BERT (DB) screen, PF 6, will give you the amount paid by direct bill at SSA (RCM 19.4.15).

Check the imaging system for refunds issued through SURPASS.

8. Are there any months of coverage that did not have deductions made? Are there any months collected at a lower premium rate?

If yes, an arrearage is due. Write up the months and the premium amounts due on the G-363M. Be sure to use the correct premium rate. NOTE: Beware of erroneous refunds that typically happen when a SBI refund voucher gives back too much money.

9. If six or more consecutive months of premiums are owed, check Palmetto's records for utilization and BERT for HMO coverage. If the beneficiary did not use Part B nor was in an HMO for the arrearage period, the beneficiary has the option to cancel Part B for those months and have Part B effective with the month we resumed deducting premiums (RCM 3.2.105).
10. If the beneficiary is deceased, we can collect the debt from a survivor who is in pay status at the RRB and who lived with the deceased beneficiary at the time the debt was incurred. If no such survivor exists, send an email to the field to develop for an estate. If there is no estate, send the debt directly to uncollectible.
11. Use PAR to set up the arrearage record and to release the letter with the appropriate payment options (RCM 3.7.51).
12. Set up an ASTRO record per RCM 16.5 to start the collection process if there is an RR annuity in current pay status that is large enough to collect the debt in 36 months and there is no SS benefit, or the SS benefit is also too small to collect the debt in 36 months.
 - Do not use ASTRO if we are collecting from an SS benefit. Send the folder to dorm for 30 days to see which repayment option is chosen. Send RBD or SBD a G-812 on a G-26a to start full or partial withholding. When the worksheet is returned, set up a RECR table (RCM 3.12.18).
13. Send the case to authorization.

ALERT - BENEFICIARY DECEASED - ARREARAGE DUE-2228

CAUSE: This occurs when the paid through date is prior to the date of death.

ACTION: If premiums are due, handle in accordance with RCM 3.7.

ALERT - CATASTROPHIC DATA DEVELOPED - INVALID RPD - ASSUME VARIABLE-2696

ALERT - CATASTROPHIC DATA DEVELOPED - RPD ASSUMED VARIABLE - VERIFY-2694

ALERT - CATASTROPHIC DATA DEVELOPED - RPD NONVARIABLE - VERIFY-2695

CAUSE: MIRTEL validation of the recurring premium deduction (RPD) found an RPD other than standard table, nonvariable rate with catastrophic data. MIRTEL developed the catastrophic data.

ACTION: Verify RPD and other information. If MIRTEL is correct, check for refund or arrearage. If MIRTEL is incorrect, prepare a G-810 to correct MIRTEL and check for refund or arrearage.

ALERT - CATASTROPHIC EFFECTIVE DATE EARLIER THAN PREVIOUS - ADJUST DATES-2605

CAUSE: MIRTEL validation of the catastrophic data found that the current catastrophic data effective date is earlier than the previous catastrophic data effective date on the MIRTEL master.

ACTION: Send to M&P-A for referral to RCA.]

ALERT - CATASTROPHIC HISTORY OUT OF SEQUENCE - ADJUST MANUALLY-2606

CAUSE: The validation process developed catastrophic data and the new catastrophic data effective date is prior to the one currently on the MIRTEL master.

ACTION: Send to M&P-A for referral to RCA.

ALERT - CESSATION OF DIB - ARREARAGE DUE-2227

CAUSE: This occurs when the paid through date is prior to the termination date due to cessation of disability.

ACTION: If premiums are due, handle in accordance with RCM 3.7.

ALERT - CHECK EFFECTIVE DATES WITH DATE OF MARRIAGE-2114

CAUSE: RASI system is furnishing MIRTEL system data that cannot be verified mechanically.

ACTION: MIRTEL will use the dates furnished by the RASI system. However, these dates must be verified and corrected if erroneous. In some cases, a pseudo number is required.

ALERT - CHECK PAID THRU INFO - POSSIBLE REFUND DUE - MIRTEL NOT UPDATED-2810

CAUSE: MIRTEL record indicates possible dual payment of SMI premiums.

ACTION: MIRTEL will use the dates furnished by the RASI system. However, these dates must be verified and corrected if erroneous. In some cases, a pseudo number is required.

ALERT - CHECK ZIP CODE - UNABLE TO VERIFY IN ZIP MASTER-2113

CAUSE: System accepted ZIP code but it was unverified.

ACTION: Determine correct address for QRRB and correct address, if necessary.

ALERT - COL VARIABLE - MIRTEL'S PERCENT RETAINED POSSIBLE REFUND OR ARREARAGE-2518

CAUSE: The COL update established a variable rate. The CHICO and MIRTEL penalty percentages were not equal. The variable rate was established based on MIRTEL's penalty percentage.

ACTION: Verify rate. If the rate is correct, check for refund or arrearage. If the rate is incorrect, prepare a G-810 activity code 17 to correct MIRTEL and check for refund or arrearage.

ALERT - COL VARIABLE - POSSIBLE REFUND OR ARREARAGE-2519

CAUSE: The COL update established a theoretical variable rate for an enrollee in billing status.

ACTION: Verify rate. If necessary, adjust the paid through date on MIRTEL with a G-810 or collect the arrearage.

ALERT - COL VARIABLE RESIDENCY CHANGED - VERIFY SMI RATE-2517

CAUSE: The COL update established a variable rate. The CHICO and MIRTEL rate tables are not equal. The variable rate was established based on CHICO's rate table.

ACTION: Verify SMI rate. If it is correct, no action is necessary. If incorrect, prepare G-810 activity code 17 to correct MIRTEL and either refund excess premiums or collect arrearage.]

ALERT - DATA IN ZIP CODE AREA INCONSISTENT WITH FOREIGN ADDRESS-2104

CAUSE: System attempting to validate ZIP code. It accepted what was entered but is unverified.

ACTION: Determine correct address for QRRB and correct address, if necessary.

ALERT - EE'S AGE OF D/F USED TO DETERMINE SPOUSE EFF DATE-2116

CAUSE: RASI system is furnishing MIRTEL system data that cannot be verified mechanically.

ACTION: MIRTEL will use the dates furnished by RASI. However, these dates must be verified and corrected if erroneous. In some cases, a pseudo number is required.

ALERT - INCORRECT HI DATE CHANGED TO AGREE WITH OTHER DATA-2101

ALERT - INCORRECT SMI DATE CHANGED TO AGREE WITH OTHER DATA-2102

CAUSE: HI and/or SMI date changed to agree with option, DOB, filing date, etc. The changed date, which is the MIRTEL DATE(S), will be shown as well as the original date.

ACTION: Determine correct entitlement date and initiate corrective action, if necessary.

ALERT – PAID THRU DATE AFTER DOD – CHECK FOR POSSIBLE REFUND-2224

CAUSE: Premiums are paid directly or collected from the annuity after the month a beneficiary dies. Beneficiaries on direct bill usually pay in advance, so it is possible they will pass away and premiums will have already been paid for months after the DOD. The RRB will take action to refund the premiums collected for months after the DOD.

Sometimes the RRB is not notified timely of a beneficiary's death and not due checks with premium deductions are issued in months after the DOD. The premiums sent to the Part B trust fund in these cases need to be returned to the SSEB account or the SSA account, depending on whether the RRB deducted the premium from the RR or SS benefit. The Death Transfer Listing identifies most of these cases. UPSD completes SF 1081's to transfer the premiums back to the SSEB or SSA account.

If monthly payments with deductions were issued after the DOD and PREH screen (3277) indicates the payments were suspended or terminated (with a code other than a death code) immediately before the death code was put on the record, a manual transfer will be needed.

EX: An EE passed away in May 2009. PREH's 3277 screen indicates a check with a \$96.40 premium deduction from the RR benefit was released in June 2009. The death code termination was entered on PREH 6-2-02 (from TERM-SUSP-ACCT –DT field) stopping payments. Since the death code termination initially stopped the payments, this claim number will appear on the Death Transfer listing and UPSD will take action to transfer the premiums from the Part B trust fund to the SSEB account. A manual transfer would not be needed.

ACTION: Follow the steps below in handling 2224 referrals.

1. Check to make sure the date of death (DOD) on the referral and MOLI are the same. If not, verify the correct DOD. NOTE: If the beneficiary is alive, delete the referral.

2. Use the MOLI DB screen and/or the PREH 3277 screen to determine how premiums were collected around the time of death.

Move to step 3 if premiums were collected by direct bill. Move to step 4 if deducted from the annuity.

3. If the MOLI (DB) screen (FOM 1 1540.15.3) shows a paid through date after the month of death, a refund is due. For procedure on Priority of Payment, see RCM 3.7.70. According to HI 01001.325, we do not develop for

eligible survivors unless the amount due is 3 or more months of premiums. If less than 3 months is due, no further action is required. Send a G-363M to imaging, in case a survivor benefit becomes payable or a claim is made by an eligible survivor. If we receive a claim for a refund of less than 3 months, we would still pay it if the claimant were an eligible survivor. Use SURPASS to pay any refund. (RCM 16.9.27).

4. Verify that there was a previous termination or suspension immediately prior to the DOD termination. Look at the "TERM-SUSP-CAUSE-CODE" line to verify that the code is a death code, most commonly a "1" for the EE, a "51" for an MA and a "41" for a WA or WCA. Hit PF12 to see if there is a previous termination or suspension code on the same line immediately before the death code.

If there is no previous code, no action is needed. If there is a previous code, move to step 5.

5. Complete a G-240 to transfer the Part B premiums deducted from the not due checks. Transfer the premiums from the appropriate Part B trust fund (Aged/Disabled and IRMAA/Regular) to the RRB's SSEB account (8010) if deductions were from a RR benefit; to 8011.6 if deductions were from an SSA aged (OASI) benefit; or to 8011.7 if deductions were from an SSA disability benefit (DI). Move to step 6 if the deduction was from SSA benefits.

6. In addition to the G-240 transferring premiums from CMS to 8011.6 or 8011.7, complete another G-240 to transfer the premiums from either 8011.6 or 8011.7 to the appropriate SSA account (OASI or DI).

NOTE: Always delete the referral on MEDREF after all actions are taken or if it is determined that no action needs to be taken. In addition, this procedure is only for Part B premiums.

ALERT - PAYEE CODE MISSING - RECORD STATUS SHOWS ANNUITY IN FORCE-2115

CAUSE: Self-explanatory

ACTION: Verify record status, if annuity in force, no further action required; otherwise, correct record status and corresponding data.

ALERT - PENALTY PERCENT AND RESIDENCY CODES CHANGED TO REFLECT NEW RPD AND RESIDENCY-2621

ALERT - PENALTY PERCENT CHANGED TO AGREE WITH RPD-2620

CAUSE: A G-810 activity other than a 17 changed the RPD on MIRTEL and is not in agreement with the catastrophic data code. The MIRTEL validation changed the catastrophic data to agree with the RPD and/or address.

ACTION: Verify rate. If rate and catastrophic data are correct, check for refund or arrearage. If information is incorrect, prepare a G-810 activity code 17 to correct MIRTEL and check for a refund or arrearage.]

ALERT - POSSIBLE DUAL DEDUCTIONS -MIRTEL NOT UPDATED-2811

CAUSE: Both SSA and RRB set up Medicare records and possibly began billing or deductions.

ACTION: Prepare a G-810 code 22 if RRB HI and/or SMI date should be changed. Refund any excess premiums paid on G-804.

ALERT - REPLY CONVEYING TERM - MIRTEL NOT UPDATED-2801

ALERT - REPLY CONVEYING SBI ENROLLMENT - MIRTEL NOT UPDATED-2802

ALERT - REPLY HAS YES OPTION - MIRTEL TERM - NOT UPDATED-2803

ALERT - REPLY SHOWS 2ND ENROLL - MIRTEL 1ST ENROLL - MIRTEL INFORMATION RETAINED-2804

ALERT - REPLY HAS CONFLICTING DATA - MIRTEL INFORMATION RETAINED-2805

ALERT - REPLY SHOWS 1ST ENROLL - MIRTEL 2ND ENROLL - MIRTEL NOT UPDATED-2806

ALERT - REPLY RECEIVED - MIRTEL SHOWS DUAL ANNUITANT - MIRTEL NOT UPDATED-2807

ALERT - REPLY RECEIVED ON INACTIVE CASE - REPLY NOT PROCESSED-2808

CAUSE: These are rescreening replies which indicate a conflict between SSA and RRB Medicare records.

ACTION: Determine which record is correct. If the RRB record is incorrect; drop and reestablish the record correctly. Check whether any refund is due.

ALERT - REP PAYEE CODE CHANGED TO AGREE WITH OTHER DATA-2103

CAUSE: NAME/ADDRESS indicates REP PAYEE involved, no code shown; system enters REP PAYEE CODE 2. NAME/ADDRESS does not indicate a REP PAYEE, a REP PAYEE CODE was shown; system deletes code.

ACTION: Determine correct name and address and if a REP PAYEE was named. Initiate corrective action, if necessary.

ALERT - RESCREENING REPLY CONVEYING EARLIER SED - MIRTEL NOT UPDATED-2809

CAUSE: SSA has an earlier SED than shown on MIRTEL.

ACTION: Determine correct SED.

ALERT - RESIDENCE CHANGED AND RATE ASSUMED VARIABLE - VERIFY-2642

CAUSE: A G-810 activity other than a 17 changed the RPD on MIRTEL. The SMI premium rate on the MIRTEL master is not in agreement with the catastrophic data code. The catastrophic data coding was updated by the validation process.

ACTION: Verify the SMI premium rate. If the catastrophic data code and effective date are correct, NAN. If incorrect, submit a G-810 activity code 17. Also check for arrearages or refund.]

ALERT - RESIDENCY CHANGED - NEW VARIABLE RATE DEVELOPED-2641

CAUSE: A new variable rate with a penalty percent was established from a different rate table based on a change of residency.

ACTION: Verify new rate. If it is correct, check for refund or arrearage. If it is incorrect, prepare a G-810 activity code 17 to correct MIRTEL and check for refund or arrearage.

ALERT - -RPD AND RESIDENCY CHANGED TO REFLECT NEW ADDRESS-2602

ALERT - RPD CHANGED FOR NEW RESIDENCY - NEW RATE LESS THAN VARIABLE - REVIEW-2603

ALERT - RPD CHANGED TO CONFORM TO MASTER CATASTROPHIC CODING-2604

ALERT - RPD CHANGED TO REFLECT NEW RESIDENCY AND PENALTY PERCENT-2601

ALERT - RPD NOT MATCHED TO TABLE - VARIABLE RATE ASSUMED VERIFY-2697

CAUSE: The MIRTEL validation changed the RPD to agree with the information in the MIRTEL record.

ACTION: Verify the RPD and other information. If MIRTEL is correct, check for refund or arrearage. If MIRTEL is incorrect, prepare a G-810 activity code 17 to correct MIRTEL and check for refund or arrearage.]

ALERT - RPD MATCHED TO NEW AND OLD RATE TABLES - VERIFY PENALTY PERCENT-2699

CAUSE: The RPD matched a rate on both the old and new rate tables so MIRTEL could not determine the penalty percent.

ACTION: Verify RPD and penalty percent, prepare G-810 activity code 17 to show correct penalty percent in the catastrophic data.

ALERT - SBI ACCRETION ON VARIABLE CASE - NO VARIABLE RATE-2630

CAUSE: Catastrophic data on the MIRTEL master indicates a variable SMI rate but there is no variable base rate on MIRTEL.

ACTION: Submit a G-810 activity code 17 with catastrophic data and show the variable base SMI premium amount in item 14.

ALERT - SBI DELETION - PREVIOUS VARIABLE RATE NOT AVAILABLE - OBTAIN-2238

CAUSE: Catastrophic data on the MIRTEL master indicates a variable SMI rate but mechanical action is unable to restore it because there is no variable base rate on MIRTEL.

ACTION: Submit a G-810 activity code 17 with catastrophic data and show the variable base SMI premium amount in item 14.]

ALERT - SBI PRIOR TO SMI TERM DATE - POSSIBLE REFUND OR ARREARAGE DUE-2222

CAUSE: This occurs when a SBI Accretion prior to the SMI termination date is processed.

ACTION: If premiums were paid after the SBI accretion date, prepare Form G-804 to refund the excess premiums. If premiums were not paid through the month prior to the accretion, correct the arrearage amount and take action to recover the corrected amount.

ALERT - SCREENING REPLY RECEIVED - MIRTEL NOT PENDING-1813

CAUSE: G-810 or G-811 code 32 was prepared to force Medicare record before SSA clearance received.

ACTION: Determine the most advantageous HED and SED and correct the MIRTEL record.

ALERT - SMI EFFECT DATE CHANGED TO LATER DATE-2223

CAUSE: This occurs whenever the SMI effective date is changed to a later date.

ACTION: Verify that the later SMI effective date is correct. If it is not, prepare Form G-810 activity 22 to change the date.

ALERT - SMI OPTION CHANGED FROM 1ST TO 2ND ENROLLMENT-2221

CAUSE: This occurs whenever the SMI option is changed directly from 1st enrollment to 2nd enrollment.

ACTION: Verify the correct option.

ALERT - SMI TERMINATED - ARREARAGE DUE-2220

CAUSE: This occurs when the paid through date is prior to the SMI termination date.

ACTION: Determine if premiums are due and take action to collect them.

ALERT - TERMINATED DIB-ENROLLED FOR AGE - PREVIOUS ENROLLMENT HAD ARREARAGE-2314

CAUSE: This occurs when a previously terminated disabled beneficiary is reenrolled for SMI based on attainment of age 65.

ACTION: Determine if premiums are due for the prior period and take action to collect them.

ALERT - UNABLE TO COMPUTE RATE - BASIC RATE IN MIRTEL-2210

CAUSE: G-811 processed to set up GEP enrollment and MIRTEL cannot compute the SMI premium rate.

ACTION: Prepare G-810 activity code 20 to correct SMI premium rate. Items 12, 13, and 14 must be completed.

ALERT - VARIABLE RATE EXCEEDS LIMIT FOR PENALTY PERCENT - CORRECT RATE OR CODE-2640

CAUSE: MIRTEL shows a variable rate, but the RPD with penalty percent shown is equal to or greater than the nonvariable rate with that penalty.

ACTION: Verify RPD and catastrophic data codes. Prepare a G-810 activity code 17 to correct MIRTEL and check for refund or arrearage.

ALERT - VARIABLE RATE INVOLVED - CURRENT HI - RPD USED-2212

CAUSE: MIRTEL is unable to determine the SMI premium rate due to catastrophic coding. Rate on master was used.

ACTION: Verify rate. If it is correct, NAN. If it is incorrect, prepare a G-810 activity code 17 to correct MIRTEL.

ALERT - VARIABLE RATE INVOLVED - PENALTY ADDED TO VARIABLE BASE RATE-2213

CAUSE: A variable rate was established. The amount of the existing penalty percent was added to the variable base rate.

ACTION: Verify the SMI rate. If it is correct, check for refund or arrearage. If it is correct, prepare a G-810 activity code 17 to correct MIRTEL and check for refund or arrearage.]

ALERT - -ZIP CODE INCORRECT OR OMITTED - WAS DEVELOPED FOR ZIP MASTER-2109

ALERT - ZIP CODE OMITTED - NOT FULLY DEVELOPED FROM ZIP MASTER-2210

ALERT - ZIP CODE OMITTED - DEVELOPED IN ISOLATED AREA ONLY-2112

CAUSE: G-810 was prepared with name and address but ZIP code was omitted or incorrect.

ACTION: Enter correct ZIP code and resubmit G-810.

Exhibit 4 - Conversion Referrals

MESSAGE: AUX-(DIB) DUP CODE AND PSEUDO NUMBER INCONSISTENT.

CAUSE: This message was produced in the AUX and DIB conversions when there was an entry in only one of the fields.

ACTION: If there is a pseudo number and it is correct, prepare Form G-811 activity code 17 to remove the earmark. If the pseudo number is correct or missing, prepare Form G-811 activity code 05 to drop the record, then Form G-810 activity code 13 to reestablish the correct record. Also prepare Form G-811 activity code 22 to correct the HIM.

MESSAGE: AUX DUPLICATE - THIS RECORD RETAINED.

CAUSE: This occurred when there were two records for the same beneficiary on the AUX file. If only one record contained a pseudo number that record was retained. In other cases, the record to be retained was selected at random.

ACTION: ESA has the referral of the record which was dropped. Compare the dropped record to the retained record either using the referral or an old WHIM, and determine the correct data. Prepare Form G-811 activity code 17 to remove the conversion referral earmark or Form G-810 activity code 17 to make any necessary changes.

MESSAGE: AUX INVALID PSEUDO NUMBER - MIRTEL CONTAINS SPACES

CAUSE: This occurred in the AUX conversion when the entry in the pseudo number field was not a valid pseudo.

ACTION: Determine whether or not there should be a pseudo number. If not, prepare Form G-811 activity code 17 to remove the earmark. If a pseudo number is required, prepare Form G-810 activity code 05 to drop the record. Then prepare Form G-810 activity code 13 to set up the record with the pseudo number. Form G-811 activity code 21 is also required to send a universal RIC to the HIM.

MESSAGE: AUX INVALID RECORD STATUS - MIRTEL CONTAINS 02.

CAUSE: This occurred when the data in the AUX fields, SMI option, record status and jurisdiction was inconsistent. For example, if the jurisdiction code was 3 or 4, the record status should not have been 1, 2 or 4.

NOTE: The conversion entered a record status 02 (no annuity application filed - jurisdiction pending.)

ACTION: Determine the correct MIRTEL record status. Prepare Form G-811 activity 17 to clear the conversion referral earmark. Then prepare either Form G-810 or Form G-811 activity code 32 to change the record status.

MESSAGE: AUX - UNABLE TO ISOLATE NAME.

CAUSE: This occurred in the AUX conversion because: (1) the group mark did not precede the first line of the address; (2) in representative payee case, if the work "for" did not appear at the beginning of a line; (3) there was only one name; or (4) there were non-alpha characters in the name.

ACTION: Prepare Form G-810 activity code 17 to correct the name and address.

MESSAGE: BEN SYM INCONSISTENT WITH PREF OR TYPE BEN.

CAUSE: This occurred when the symbol was inconsistent with either /or the prefix or type of beneficiary, i.e., the beneficiary symbol was blank and the prefix was other than A or H and/or the type of beneficiary was other than 01, 11 or 21.

ACTION: Determine the correct entries for these items. Prepare Form G-811 activity code 05 to drop the record. Prepare Form G-810 activity code 13 to reestablish the correct record. If symbol or type of beneficiary was incorrect also prepare Form G-811 activity 22 to send a universal RIC to SSA. If the prefix was incorrect Form G-811 activity code 35 is required to send a kill credit from the wrong prefix and number to the correct one.

MESSAGE: DIB TOO YOUNG TO QUALIFY FOR MEDICARE.

CAUSE: This occurred in a disability case if the HI effective date is prior to a disabled child's attainment of age 20.

ACTION: If the child is not age 20, prepare Form G-810 activity code 17 to correct the effective dates. If he is not yet age 20, prepare Form G-811 activity code 06 to drop the MIRTEL record and the HIM. Notify the child when he will become eligible.

MESSAGE: DIB DIS HI EFF DATE PRIOR TO JULY 1973.

CAUSE: This message was produced in the conversion of the DIB file.

ACTION: Prepare Form G-810 activity code 17 to remove the conversion referral earmark and correct either the HI effective date or the type of beneficiary to non-disabled.

MESSAGE: DIB DIS SMI EFF DATE PRIOR TO JULY 1973.

CAUSE & ACTION: Same as previous message.

MESSAGE: DIB DUPLICATE - THIS RECORD RETAINED.

CAUSE: This occurred when there were two records on the DIB file. If only one record contained a pseudo number, that record was retained. In other cases, the record to be retained was selected randomly.

ACTION: Same as AUX Duplicate.

MESSAGE: DIB MATCH DUP - THIS RECORD RETAINED.

CAUSE: This occurred when a DIB record matched a record created in the AUX conversion

ACTION: Same as AUX Duplicate

MESSAGE: EXCESS PREM ANN IN FORCE.

CAUSE: This occurred when the record status showed annuity in force (code 11 or 31) and there was an excess premium amount.

ACTION: Determine whether or not a refund is due. If a refund is due prepare Form G-804. Always prepare Form G-810 activity code 17 to remove the earmark and x out the excess premium amount.

MESSAGE: INVALID OR MISSING...

There is a series of messages involving invalid or missing data. The invalid data includes date of birth, SMI and HI effective dates, paid through date, etc.

CAUSE: These messages were produced after the final conversion if the field was blank, or a date was not valid.

ACTION: Prepare Form G-810 activity code 17 to remove the earmark and enter or correct the data.

MESSAGE: NO MATCH CHICO...

CAUSE: There are four messages to refer out cases in which the MIRTEL record indicated an annuity was in force or in suspense and no matching CHICO record was located. This could have occurred because the matching criteria differed or the MIRTEL record status was incorrect.

ACTION: If there is a CHICO record but the fields used for matching differ, correct the erroneous record. If CHICO is incorrect, either make the correction or refer the case to the appropriate module. Prepare Form G-811 activity code 17 to remove the earmark.

MESSAGE: NO MATCH MIRTEL. . .

CAUSE: One of five referral messages was produced when either an in force CHICO record with a SMI option of 2, 3, 4 or 8 or a suspended CHICO record did not match a MIRTEL record.

ACTION: The conversion program sets up a MIRTEL record based on the information in CHICO. Therefore, it is only necessary to verify that the record is correct. If it is, prepare Form G-811 activity code 17 to remove the earmark. If the record is incorrect, prepare Form G-810 activity code 17 to correct the record.

MESSAGE: OP DISC - CHICO INFORCE . . .

CAUSE: One of two option discrepancy messages was produced to indicate one record had a "yes" option and the other had a "no" type option.

NOTE: This message will not be produced in certain cases in which the discrepancy is temporarily acceptable, i.e., CHICO has a 4 option and MIRTEL has a 5 option.

ACTION: Determine the correct option. If the option on MIRTEL is correct, prepare Form G-811 activity code 17 to remove the earmark and correct CHICO either by an award action or Form G-607.

MESSAGE: POSSIBLE REFUND DUE - CHECK PAID THRU DATES.

CAUSE: This occurred when CHICO was in force with deductions and MIRTEL had a paid through date which was either current or in the future.

ACTION: Determine whether or not a refund is due. If so, prepare Form G-804 to refund the excess premiums. Prepare Form G-810 activity code 17 to remove the earmark and X out the paid through date.

MESSAGE: RPD DISCREPANCY.

CAUSE: This occurred when the recurring premium rate in MIRTEL and CHICO were not equal.

ACTION: Determine the correct premium rate. If CHICO is incorrect prepare an award to correct the rate. Also prepare Form G-811 activity code 17 to remove the earmark.

If MIRTEL is incorrect prepare Form G-810 activity code 17 to correct the rate.

MESSAGE: RR(SS) TERM FOR RSN NOT = DEATH CK QRRB STAT.

CAUSE: This occurred when a MIRTEL record matched a CHICO record (either an RR or SS benefit) which is terminated for other than death.

ACTION: Prepare Form G-810 activity code 17 to change the record status to 98, inactive - no longer QRRB. If jurisdiction transfers to SSA, prepare Form PR-80. If jurisdiction remains at RRB but on a different claim number, take action to cross-refer the numbers.

MESSAGE: SMI EFF DATE INCONSISTENT BETWEEN TWO FILES.

CAUSE: This occurred when MIRTEL and CHICO had the same SMI options but the effective dates were not equal.

ACTION: Determine the correct effective date. If CHICO is incorrect, prepare Form G-607 to correct the date. Also prepare Form G-811 activity code 17 to remove the earmark.

If MIRTEL is incorrect, prepare Form G-811 activity code 17 to correct the date.

Exhibit 5 - MIRTEL Folder Notice

ANNUITY IN FORCE W/DED - POSSIBLE REFUND DUE-3229

CAUSE: This occurs when a MIRTEL record with a paid through date which is current or in the future matches a CHICO record that is in force with premium deductions.

ACTION: Determine whether or not the paid through date is correct. If it is correct, prepare form G-804 to refund excess premiums.

CESSATION OF DIB - MIRTEL TERMINATED-3303

CAUSE: Result of G-811 activity code 51. If the termination date is prior to or in the same month as the processing month the referral will be printed when the activity is processed. If the termination date is in the future, the referral will be printed in the first processing run that corresponds to termination date.

ACTION: Referral will be sent to Claim Files to be associated with file.

IEP OPTION CHANGE - POSSIBLE REFUND DUE-3222

CAUSE: Result of a manual activity changing election from Part A & B to Part A only. MIRTEL record indicates that premiums have been paid starting with SMI effective date or after Part B termination date.

The paid through date and any excess will be printed below the message.

ACTION: Referral will be matched to activity and returned to examiner. (When you are changing from a Part A & B option to a Part A only, annotate activity that refund has been made or not applicable).

It will be the examiner's responsibility to determine correct action. If activity form indicates action taken previously stamp "FILE ONLY" and forward to Claim Files. Otherwise, request file and refund premiums.

LOSS OF QRRB - PREV ARREARAGE - CHECK ACCTS REC FOR AMT-3231

CAUSE: Beneficiary's entitlement is terminated and MIRTEL record indicates a previous arrearage.

ACTION: Check to determine the amount of the arrearage and whether premiums are due or have been collected.

MIRTEL DROPPED-3301

CAUSE: G-811 Activity Code 05 or 06 prepared.

ACTION: Referral will be associated with G-811 and returned to examiner only if requested. This will notify the examiner that his subsequent actions, if applicable, may now be submitted. If no further action is necessary, mark "FILE ONLY" and send to claim files.

PREMIUMS DUE FOR PERIOD PRIOR TO SBI-3221

CAUSE: An activity (MANUAL OR MECHANICAL) was processed indicating a buy-in accretion. However, the MIRTEL record indicates that premiums are still due for a period prior to the accretion date.

The paid through date and any excess will be printed below the message.

ACTION: If the referral from a G-810 or G-811, it will be matched with the form and returned to the examiner. (When you are processing SBI accretions and are aware of this situation, you should annotate the form that premiums are or are not due).

It will be the examiner's responsibility to determine correct action. If the activity form indicates premiums are to due, stamp "FILE ONLY" and send to Claim Files. Otherwise, request file and take necessary action to collect premium arrearage.

If the referral resulted from a mechanical activity, the file will be requested and returned to a GS-5 claims clerk in MPS.

PREMIUMS PAID AFTER SBI - POSSIBLE REFUND DUE-3220

CAUSE: An activity (MANUAL OR MECHANICAL) was processed indicating a buy-in accretion. However, the MIRTEL record indicates that premiums were paid after the accretion date. The paid through date and any excess premiums will be printed below the message.

ACTION: If the referral resulted from a G-810 or G-811, it will be matched with the form and returned to the examiner. (When you are processing SBI accretions and are aware of this situation, annotate the form that refund was made or isn't applicable). The examiner will determine the proper action. If refund is applicable, folder should be requested, otherwise stamp "FILE ONLY" and forward to claim files. If the referral resulted from a mechanical activity, the file will be requested and forwarded to a GS-5 claims clerk in MPS.

PREMIUMS PAID AFTER TERM DATE - POSSIBLE REFUND DUE-3223

CAUSE: Result of a manual activity changing election from Part A & B to Part A only. MIRTEL record indicates that premiums have been paid starting with SMI effective date or after Part B termination date.

The paid through date and any excess will be printed below the message.

ACTION: Referral will be matched to activity and returned to examiner. (When you are changing from a Part A & B option to a Part A only, annotate activity that refund has been made or not applicable).

It will be the examiner's responsibility to determine correct action. If activity form indicates action taken previously stamp "FILE ONLY" and forward to Claim Files. Otherwise, request file and refund premiums.

PREVIOUS ARREARAGE - CHECK ACCTS. REC. OR ARREARAGE AMT-3224

PREVIOUS ARREARAGE - AMOUNT UNKNOWN - CHECK ACCTS REC.

CAUSE: Record is being reactivated. Activity changing a first termination to a second enrollment or when a QRRB previously entitled to Medicare based on disability is attaining age 65.

The arrearage amount will be printed when available.

ACTION: Referral will be matched to activity and returned to examiner. (When you are processing second enrollment or an age attainment for a QRRB who was previously entitled based on disability, annotate the activity that premiums are due or have been collected).

It will be the examiner's responsibility to determine correct action. If activity form indicates previous action was taken, stamp "FILE ONLY" and return to Claim Files. Otherwise, request file and take necessary action to collect arrearage.

If the referral resulted from a mechanical activity, the file will be requested and given to a GS-5 claims clerk in MPS.

REVERSE TERMINATION - PREVIOUS ARREARAGE-3227

CAUSE: Activity processed reversing termination for nonpayment and past premiums still due. Applies to the current eligibility period.

ACTION: Referral will be sent to Claim Files. Past premiums will be collected when the next billing notice is released or when the annuity is adjusted.

RRB JURISDICTION - REPLY PROCESSED

CAUSE: An activity processed that cleared pending jurisdiction. The contents of the updated MIRTEL will be printed.

ACTION: Referral will be set to Claim Files if there is a paid through date on the referral. If no paid through date is shown, the referral is discarded.

SCREENING REPLY PENDING 30 DAYS - TRACER-3302

CAUSE: Screening reply pending 30 days from initial screening request date, MIRTEL generated another request.

ACTION: File is requested from Claim Files to determine why clearance has not been received.

SMI OPTION CHANGED - POSSIBLE REFUND DUE-3228

CAUSE: Result of a manual activity changing election from Part A & B to Part A only. MIRTEL record indicates that premiums have been paid starting with SMI effective date or after Part B termination date.

The paid through date and any excess will be printed below the message.

ACTION: Referral will be matched to activity and returned to examiner. (When you are changing from a Part A & B option to a Part A only, annotate activity that refund has been made or not applicable).

It will be the examiner's responsibility to determine correct action. If activity form indicates action taken previously stamp "FILE ONLY" and forward to Claim Files. Otherwise, request file and refund premiums.

Exhibit 6 - Monthly MAMMA Referrals

8001 - MECHANICALLY ADJUSTED - ARREARAGE DUE

CAUSE: This occurs when MAMMA is unable to determine the correct amount of the arrearage due. Deductions for the current month are started.

ACTION: Determine the correct amount of arrearage and take action to recover the arrearage.

8002 - COMPUTATION ERROR - CHECK SMIB EFFECTIVE DATE AND RPD

CAUSE: This occurs when there is discrepant information on the MIRTEL/MOLI record and MAMMA cannot create an award to start, stop, or change the premium deduction. No adjustment is made.

ACTION: Refer to P&S – PAS.

8003 - MECHANICALLY ADJUSTED - POSSIBLE REFUND DUE

CAUSE: This occurs when MAMMA is unable to determine the correct amount of the refund, mostly because of the State paying the premium and there is or was a variable rate involved. If the accretion and deletion dates on the MIRTEL/MOLI record are close together, an 8931 - SBI ACCRETION & RECENT DELETION - POSSIBLE ARREARAGE OR REFUND referral is also generated. Deductions are stopped.

ACTION: Determine the correct amount of refund due and take action to issue the refund check.

8004 - IMPOSSIBLE CONDITION - REFER TO ESA

CAUSE: This occurs when there is discrepant information on the MIRTEL/MOLI record and MAMMA cannot create an award to start, stop, or change the premium deduction. No adjustment is made.

ACTION: Refer to P&S – PAS.

MESSAGE: 8100 - SMI OPTION DISCREPANCY - ANNUITY WILL BE ADJUSTED NEXT MONTH

CAUSE: This occurs when the Part B option on MIRTEL/MOLI is not the same as the Part B option on CHICO/DATAQ. No adjustment is made.

ACTION: Refer to P&S – PAS.

8200 - CASE SELECTED FOR ADJUSTMENT – REJECTED

CAUSE: This occurs when there is discrepant information on the MIRTEL/MOLI record and MAMMA cannot create an award to start, stop, or change the premium deduction. No adjustment is made.

ACTION: Refer to P&S – PAS.

8300 - CRITICAL CONVERSION REFERRAL ON MIRTEL/MOLI

CAUSE: This occurred when the old Medicare system was converted to the new MIRTEL/MOLI system and there was something wrong with the Medicare record. This is obsolete.

ACTION: Refer to P&S – PAS.

8301 - UNABLE TO ADJUST MIRTEL/MOLI - REJECTED

CAUSE: This occurs when there is discrepant information on the MIRTEL/MOLI record. No adjustment is made.

ACTION: Refer to P&S – PAS.

MESSAGE: 8400 - MIRTEL/MOLI SHOWS SBI WITHOUT ACC DATE - UPWARD ADJ TO CHICO/DATAQ REQ

CAUSE: This occurs when the Part B option on MIRTEL/MOLI is 8, state buy-in with no accretion date, and CHICO/DATAQ has a Part B option 1 or 5. No adjustment is made.

ACTION: Determine the correct Part B option. If the Part B option is state buy-in, create a MEDCOR Activity 20L to enter the accretion on MIRTEL/MOLI. If the Part B option is not state buy-in, create a MEDCOR Activity 20L or 22L to correct the Part B option on MIRTEL/MOLI.

MESSAGE: 8500 - MIRTEL/MOLI HAS TERM OPT - UPWARD ADJ TO CHICO/DATAQ REQ - REFUND DUE

CAUSE: This occurs when the month of termination is prior to the processing month or there is no Part B termination date on MIRTEL/MOLI or MAMMA does not have enough information to calculate the amount of the refund. Deductions are stopped, but a refund was not made.

ACTION: If the termination is correct, prepare a refund of any excess premiums. If necessary, create a MEDCOR Activity 22L to enter the Part B termination date on MIRTEL/MOLI or reverse the Part B termination if incorrect.

MESSAGE: 8600 - SMI OPTION DISCREPANCY - CHECK BOTH FILES

CAUSE: This occurs when the Part B option on MIRTEL/MOLI and CHICO/DATAQ are different and no adjustment can be made mechanically.

ACTION: Determine the correct enrollment data and correct either MIRTEL/MOLI or CHICO/DATAQ.

MESSAGE: 8700 - RPD DISCREPANCY - ANNUITY ADJUSTED

CAUSE: This occurs when the premium rates in MIRTEL/MOLI and CHICO/DATAQ are different. CHICO/DATAQ is mechanically adjusted to correct the rate to the one shown on MIRTEL/MOLI. This referral is no longer generated. However, there is data printed in the syslist.

ACTION: Determine the correct premium rate and if necessary, create a MEDCOR activity 17L to correct MIRTEL/MOLI. If necessary, prepare a refund or take action to collect the arrearage.

MESSAGE: 8800 - TERMINATION - CHECK JURISDICTION

CAUSE: This occurs when a MIRTEL/MOLI record with a record status other than 98 or 99 matches a CHICO/DATAQ record that was terminated for a reason other than death.

ACTION: Determine whether or not the beneficiary is still a QRRB. If no longer a QRRB, create a MEDCOR Activity 52S and take necessary action to transfer jurisdiction to SSA. If necessary, notify the beneficiary of the transfer. If the beneficiary remains a QRRB on the same number, create a MEDCOR Activity 05S to drop the MIRTEL/MOLI record and a day later, create a MEDCOR Activity 13L to reestablish the MIRTEL/MOLI record.

MESSAGE: 8900 - POSSIBLE REFUND DUE - CHECK PAID THRU DATE

CAUSE: This occurs when a MIRTEL/MOLI record with a paid through date which is current or in the future matches a CHICO/DATAQ record that is in force with premium deductions.

ACTION: Determine whether or not the paid through date is correct. If it is correct, prepare a refund for the excess premiums and create a MEDCOR Activity 20L to X-out the paid through date. If the paid through date is erroneous, create a MEDCOR Activity 20L to X-out the date. Enter all XXXs in the PAID THRU DATE field on the MEDCOR Activity 20L.

MESSAGE: 8901 - MIRTEL/MOLI PENDING – CHICO/DATAQ SUSPENDED WITH DED

CAUSE: This occurs when a paid through date should be applied to the MIRTEL/MOLI record because a CHICO/DATAQ record with Part B deductions was suspended.

ACTION: Determine why the record is still pending. Create a MEDCOR Activity 32L or 34L to clear the MIRTEL/MOLI record and update the paid through date.

MESSAGE: 8902 - MIRTEL/MOLI SHOWS LOSS OF QRRB STATUS – CHICO/DATAQ IN FORCE

CAUSE: This occurs when the record status on MIRTEL/MOLI is 98 and the CHICO/DATAQ record is in pay status (regardless of Part B option).

ACTION: Determine if the beneficiary is a QRRB or not. If the beneficiary is no longer a QRRB, send an e-mail to RBD or SBD to terminate the annuity. If the beneficiary is still a QRRB, drop the MIRTEL/MOLI record by creating a MEDCOR Activity 05S, then create a MEDCOR Activity 13L to reestablish the MIRTEL/MOLI record. If there is a surname change, once the MIRTEL/MOLI is reestablished, create a MEDCOR Activity 22L, adding the address and have a new Medicare card released.

MESSAGE: 8903 - MIRTEL/MOLI SHOWS CESSATION OF DIB – CHICO/DATAQ IN FORCE WITH DED

CAUSE: This occurs when the record status on MIRTEL/MOLI is 90 and the CHICO/DATAQ is in force with a Part B deduction.

ACTION: Determine the correct status of the beneficiary. If MIRTEL/MOLI is correct and the beneficiary is no longer disabled, send an e-mail to RBD or SBD to prepare an award to stop deductions. Make a refund of any excess premiums. If the beneficiary is still disabled, create a MEDCOR Activity 22L with XXXX in the PART A TERM DATE field and the PART B TERM DATE field to remove the termination dates.

MESSAGE: 8904 - MIRTEL/MOLI RSC SHOWS BENEFICIARY DECEASED – CHICO/DATAQ NOT TERMINATED

CAUSE: This occurs when the record status on MIRTEL/MOLI is 99 and the CHICO/DATAQ record is either in force or in suspense.

ACTION: Determine what generated the death notice to the MIRTEL/MOLI record and if that action was correct. If the beneficiary is deceased, send an e-mail to RBD or SBD and advise them that the annuitant is deceased. If the beneficiary is alive, create a MEDCOR Activity 22L with an active record status and XXXXs in the DATE OF DEATH field to remove the date of death.

8905 - RPD AND PAID THRU DISCREPANCIES - ANNUITY ADJUSTED

CAUSE: This occurs when there is a discrepancy between the Part B premium and the paid through date on MIRTEL/MOLI.

ACTION: Determine if the Part B premium and the paid through date is correct. If necessary, prepare a MEDCOR Activity 17L to correct the Part B premium. Also determine if the paid through date is correct and if a refund is due or an arrearage needs to be recovered.

MESSAGE: 8906 - NO MATCHING MIRTEL/MOLI – CHICO/DATAQ HAS SMI CODE

CAUSE: This occurs when a CHICO/DATAQ record, which is either in current pay status or in suspense, contains a Part B option code and there is no matching MIRTEL/MOLI record.

ACTION: If there is a MIRTEL/MOLI record for the claim number, check the matching criteria and correct either the MIRTEL/MOLI record or the CHICO/DATAQ record, if necessary. If there is no MIRTEL/MOLI record, determine whether or not the case was ever screened, and then create a MEDCOR Activity 12L to screen or Activity 13L to reestablish the MIRTEL/MOLI.

MESSAGE: 8907 - NO MATCHING CHICO/DATAQ - MIRTEL/MOLI SHOWS ANNUITY

CAUSE: This occurs when the record status on MIRTEL/MOLI is 11, 13, 21, 23, or 24; the screening reply date is more than three months in the past; and there is no CHICO record. This will also occur immediately if the record status on MIRTEL/MOLI is 31 and there is no matching CHICO/DATAQ record.

ACTION: If the problem is the matching, determine the correct data and take action to correct the appropriate file. If there is no CHICO/DATAQ record and it is evident the record status on MIRTEL/MOLI is erroneous, create a MEDCOR Activity 22L with the address screen to correct MIRTEL/MOLI; otherwise, refer the case to RBD or SBD to determine why the annuity was not paid. If the record status on MIRTEL/MOLI is 31 and there is no CHICO/DATAQ record, handle in accordance with RCM 3.5 Exhibit 1, Section C.

MESSAGE: 8908 - BEN SYM/TOB INCONSISTENT ON MIRTEL/MOLI AND CHICO/DATAQ FILES

CAUSE: This occurs when the MIRTEL/MOLI record partially matches a CHICO/DATAQ record, but the beneficiary symbol and type of beneficiary on the two files are not compatible. No adjustment is made.

ACTION: Determine which data is correct, and take action to correct the erroneous record.

MESSAGE: 8909 - INVALID OR MISSING PAID THRU DATE

CAUSE: The MIRTEL/MOLI system was unable to develop a valid paid through date.

ACTION: Prepare a MEDCOR Activity 20L to enter the correct paid through date.

MESSAGE: 8910 - ALERT - TERM OF DIB - ELIGIBLE FOR HI ADDITIONAL 7.5 YEARS

CAUSE: The disability annuity has been terminated for substantial gainful activity (SGA). The annuitant may be eligible for an additional 7.5 years of Medicare coverage.

ACTION: Notification only. No examiner action is necessary.

MESSAGE: 8911 - ALERT - ANNUITY ADJUSTED DURING MEDICARE EXTENSION PERIOD

CAUSE: The annuity has been adjusted (reinstated) after a disability annuity was terminated for substantial gainful activity (SGA) while Medicare coverage was extended for the 7.5 years.

ACTION: Notification only. No examiner action is necessary.

8920 - ANN NOT ADJ - MONTHLY RATE NOT MORE THAN A DOLLAR AFTER DED

CAUSE: This occurs when MAMMA does not start Part B premium deductions because the check rate will be less than a dollar after the Part B premium deduction amount.

ACTION: If necessary, create a MEDCOR Activity 20L or 22L to set up direct billing.

8921 - ANN NOT ADJ - VAR RATE CODE NOT N OR S AND NO CURR DEC ACT 17

CAUSE: This occurs when the MIRTEL/MOLI record was not updated with an Activity 17L in December to update the Part B premium rate.

ACTION: Create a MEDCOR Activity 17L to update the Part B premium rate on MIRTEL/MOLI.

8922 - RETROACTIVE IRMAA - EQUITABLE RELIEF APPLIES

CAUSE: This occurs when the past due IRMAA exceeds 5 times the current standard Part B premium plus the individual's IRMAA amount. Current Part B with IRMAA deductions is started.

ACTION: Take action to recover the IRMAA arrearage.

8923 - CURRENT PAYMENT INSUFFICIENT TO WITHHOLD IRMAA DUE FOR PREVIOUS MONTHS

CAUSE: This occurs when the monthly payment is insufficient to recover an IRMMA arrearage due. Current Part B with IRMAA deductions is started.

ACTION: Take action to recover the IRMAA arrearage.

8924 - STATE BUY-IN INITIATED - IRMAA APPLIES

CAUSE: This occurs when MAMMA adjusts a payment because of SBI and IRMAA is also involved.

ACTION: Refer to P&S – PAS.

8925 - STATE BUY-IN DELETED - IRMAA MAY APPLY

CAUSE: This occurs when MAMMA adjusts a payment to start Part B deductions because the State is no longer paying the premiums and IRMAA may be involved.

ACTION: Determine if there is an arrearage and if so, take action to collect the arrearage.

8926 - IRMAA HIST SEQ PROBLEM - POSSIBLE ARREARAGE OR REFUND - SPECIAL LETTER REQUIRED

CAUSE: This occurs when MAMMA cannot collect an arrearage or make a refund because the IRMAA data on MIRTEL/MOLI is questionable.

ACTION: Prepare a letter advising the individual of the award action and determine if there is an arrearage or refund. Then take the necessary action to either collect the arrearage or prepare a refund.

8927 - IRMAA/OTHER PART B CHANGES - POSSIBLE ARREARAGE OR REFUND

CAUSE: This occurs when MAMMA adjusts only the current month for Part B and IRMAA and is not able to determine if there is an arrearage or refund for the Part B premiums and/or IRMAA premium.

ACTION: Determine if there is an arrearage or refund for the Part B premium and/or the IRMAA premium. Then take action to either recover the arrearage or prepare a refund.

8928 - IRMAA INCREASE PREVENTS DEDUCTIONS - DIRECT BILL REQUIRED

CAUSE: This occurs when MAMMA cannot take the entire premium, Part B and IRMAA, and stops the Part B deduction. The individual should be billed for the Part B premium with IRMAA.

ACTION: Create a MEDCOR Activity 22L with name and address and paid through date to set up direct billing.

8929 - IRMAA ADJUSTMENT MADE - NO ARREARAGE OR REFUND - SPECIAL LETTER REQUIRED

CAUSE: This occurs when MAMMA creates an award to adjust the IRMAA premium and there is no arrearage or refund due but does not generate a letter.

ACTION: Prepare a letter advising the individual of the award action.

8930 - WITHDRAWAL WITH IRMAA - POSSIBLE REFUND

CAUSE: This occurs when MAMMA creates an award to stop Part B deductions with IRMAA but cannot determine the refund amount.

ACTION: Determine the refund amount and prepare a refund.

8931 - SBI ACCRETION & RECENT DELETION - POSSIBLE ARREARAGE OR REFUND

CAUSE: This occurs when MAMMA creates an award to either start or stop deductions because of SBI involvement but cannot determine if the previous arrearage was collected or if a previous refund was made. An 8003 – Mechanically Adjusted – Possible Refund referral may also be generated.

ACTION: Determine if there is an arrearage or refund due. Then take action to collect the arrearage or prepare a refund.

8932 - UNABLE TO ADJUST - SOC = 1 OR 5, NO RPD & NO VAR RTE CD

CAUSE: This occurs when MIRTEL/MOLI has a Part B option of 1 or 5 but there is no Part B premium or no variable rate code on the MIRTEL/MOLI record.

ACTION: Determine if the Part B option is correct. If it is correct, determine the correct Part B premium and create a MEDCOR Activity 17L to update MIRTEL/MOLI with the correct Part B premium and variable rate code. If the Part B option is incorrect, create a MEDCOR Activity 22L to update MIRTEL/MOLI.

8933 - PREMIUM FLOATED, RECOVER ARREARAGE

CAUSE: This occurs when MAMMA stops the Part B premium deduction on one benefit and starts the current Part B deduction with IRMAA on the other benefit. Both the RR and SS benefits are being paid by RRB.

ACTION: Determine if there is an arrearage due. If so, take action to collect the arrearage.

8934 - RETROACTIVE IRMAA - WILL BE PROCESSED IN JANUARY

CAUSE: This occurs when a MIRTEL/MOLI record was updated with retroactive IRMAA (for the current year) information after the November MAMMA Run. An adjustment is not made.

ACTION: Notification only. No examiner action is necessary.

8935 - PART B REDUCTION & STATE BUY-IN

CAUSE: This occurs when MAMMA creates an award for a MIRTEL/MOLI record that reflects a Part B reduction as well as State Buy-in coverage.

ACTION: Refer to P&S – PAS.

8936 - MCR & OTHER PART B CHANGE POSSIBLE ARREARAGE OR REFUND

CAUSE: This occurs when MAMMA adjusts only the current month for Part B with a Part B reduction and is not able to determine if there is an arrearage or refund for the Part B premiums and/or Part B reduction.

ACTION: Determine if there is an arrearage or refund for the Part B premium and/or the Part B reduction. Then take action to either recover the arrearage or prepare a refund.

8937 - RETROACTIVE MCR CHANGE - EQUITABLE RELIEF APPLIES

CAUSE: This occurs when the past due Part B reduction arrearage exceeds 5 times the current standard Part B premium. Deductions are started for the current month.

ACTION: Take action to recover the Part B reduction arrearage.

8938 - MCR CHANGE - CURRENT PAYMENT INSUFFICIENT TO WITHHOLD ARREARAGE

CAUSE: This occurs when the monthly payment is insufficient to recover a Part B reduction arrearage due.

ACTION: Take action to recover the Part B reduction arrearage.

8939 - MCR CHANGE IN PRIOR YEAR - POSSIBLE ARREARAGE OR REFUND

CAUSE: This occurs when MAMMA is unable to collect an arrearage or make a refund for a prior year Part B reduction.

ACTION: Determine if there is a Part B reduction arrearage or refund due. Then take action to recover the arrearage or prepare a refund.

8940 - MCR CHANGE & STATE BUY-IN DELETION - POSSIBLE ARREARAGE

CAUSE: This occurs when MAMMA adjusts a payment to start Part B deductions with a change in the Part B reduction amount and the State is no longer paying the premiums.

ACTION: Determine if there is an arrearage for Part B and/or Part B reduction and if so, take action to collect the arrearage.

8941 - MCR ADJUSTMENT MADE - NO ARREARAGE OR REFUND - SPECIAL LETTER REQUIRED

CAUSE: This occurs when MAMMA creates an award to adjust the Part B reduction amount and there is no arrearage or refund due but does not generate a letter.

ACTION: Prepare a letter advising the individual of the award action.

8942 - MCR CHANGE - PREVIOUS DIRECT BILL OR TRANSFER - POSSIBLE ARREARAGE OR REFUND

CAUSE: This occurs when MAMMA adjusts only the current month for Part B and Part B reduction and is not able to determine if there is an arrearage or refund for the Part B and/or Part B reduction premiums.

ACTION: Determine if there is an arrearage or refund for the Part B and/or Part B reduction premiums. Then take action to either recover the arrearage or prepare a refund.

8943 - MCR HISTORY INSUFFICIENT OR CORRUPTED - POSSIBLE ARREARAGE OR REFUND

CAUSE: This occurs when MAMMA cannot collect an arrearage or make a refund because the Part B reduction data on MIRTEL/MOLI is questionable. Current adjustment is made.

ACTION: Determine if there is an arrearage or refund for Part B reduction premiums. Then take the necessary action to either collect the arrearage or prepare a refund.

8944 - PT B REFUND WITHHELD FOR POSSIBLE ARREARAGE

CAUSE: This occurs when MAMMA creates an award for a Part B reduction change but does not issue a refund because there may be an arrearage due.

ACTION: Determine if there is an arrearage due and if so, take action to collect the arrearage. If no arrearage, prepare a refund.

8945 - MIRTEL/MOLI SHOWS NO IRMAA – CHICO/DATAQ SHOWS CURRENT IRMAA - ADJUSTMENT NOT MADE

CAUSE: This occurs when there is a Part B premium deduction with IRMAA being made on CHICO/DATAQ and the MIRTEL/MOLI record does not reflect the IRMAA amount.

ACTION: Refer to P&S – PAS.

8946 - MESSAGE: POSSIBLE C/D REFUND NO ANNUITY IN FORCE

CAUSE: This referral is produced when CMS sends the RRB a refund request on the Part C and D Request File, but CHICO is not in force.

ACTION: If the annuity is in suspense or terminated for a reason other than death, use SURPASS to make a refund to the beneficiary. Use UNIT CODE CREF on SURPASS for Part C refunds and UNIT CODE DREF on SURPASS for Part D refunds.

ACTION: If the annuity is terminated due to death, follow the instructions below.

1. Find the adjustment month on the Part C and/or Part D Adjustment screen for the check dated a month after the referral date. Ex: If the referral date is 12-13-2011, find the adjustment month for the 01-12 check date.
2. If the adjustment month is after the date of death on the referral, no action needs to be taken other than deleting the referral if the deductions came from a RR benefit. These are situations where CMS owes the RRB a credit, however the credit has already been taken when the Master Records Assistant prepares the monthly Part C/D funds transfers to CMS. Move to step 3 if the deduction occurred from an SS benefit.
3. If the C and/or D amount was originally deducted from an SSA benefit, send an e-mail to Mike Kelly in P&S. P&S will add those amounts to the accrual side of the SSA Trust Fund Transfer Request memo for accounting purposes. If there is a 900 series voucher number in the VCH field on the ALL DEDUCTIONS screen, Part C HISTORY, or PART D HISTORY screen, then the deduction came from the SS benefit.
4. If the adjustment month is equal to or prior to the date of death on the referral, develop for eligible survivors. Use UNIT CODE CREF on SURPASS for Part C refunds and UNIT CODE DREF on SURPASS for Part D refunds.
5. It is possible that some adjustment months could be credits and others actual refunds for the same beneficiary. If that happens, ignore the credits if the deductions came from RR benefits and take action to develop for eligible survivors. Notify P&S – Mike Kelly if the credits were deducted from SS benefits.

NOTE: Refunds can be applied to other debts on PAR. In addition, if the refund is not payable to a third party or another bene in CPS, do not develop for other survivors at this time. Place a 6 month call up on the case. We are waiting to hear from CMS what the minimum amount is to develop for survivors.

8947 - INVALID VARIABLE RATE CODE OR IRMAA AMOUNT

CAUSE: This occurs when the MIRTEL/MOLI record has an incorrect variable rate code or an incorrect IRMAA amount. No adjustment was made.

ACTION: If there is no IRMAA or Part B reduction involved, prepare a 17L to correct the variable rate code. If there is IRMAA and/or Part B reduction involved, refer to P&S - PAS.

8948 - INVALID PREMIUM RATE, VARIABLE RATE CODE OR PENALTY AMOUNT

CAUSE: This occurs when a MIRTEL/MOLI record has a Part B option of 1 or 5 and a premium rate, but the variable rate code is D or Z and the penalty percent and IRMAA are both zero. No adjustment was made.

ACTION: If there is no IRMAA or Part B reduction involved, prepare a 17L to correct the premium rate, or the variable rate code or the penalty percentage. If there is IRMAA and/or Part B reduction involved, refer to P&S - PAS.

8949 - INVALID VARIABLE CODE OR BASE RATE-1

CAUSE: This occurs when MIRTEL/MOLI has a variable rate code of V, C, or D and there is no variable base rate. No adjustment is made.

ACTION: If there is no IRMAA or Part B reduction involved, prepare a 17L to correct the variable rate code or the variable base premium rate. If there is IRMAA and/or Part B reduction involved, refer to P&S - PAS.

8950 - INVALID VARIABLE CODE OR BASE RATE-1

CAUSE: This occurs when the MIRTEL/MOLI record has a variable rate code of N, R, or Z and also has a variable base rate. No adjustment is made.

ACTION: If there is no IRMAA or Part B reduction involved, prepare a 17L to correct the variable rate code or the variable base rate. If there is IRMAA and/or Part B reduction involved, refer to P&S - PAS.

8951 - INVALID VARIABLE CODE, PART B OPTION OR PREMIUM RATE-1

CAUSE: This occurs when a MIRTEL/MOLI record has a variable rate code of N, a Part B option of 8, and the premium rate is not equal to the basic premium rate. No adjustment is made.

ACTION: If there is no IRMAA or Part B reduction involved, prepare a 17L to correct the Part B option, the variable rate code or the premium rate. If there is IRMAA and/or Part B reduction involved, refer to P&S - PAS.

8952 - INVALID VARIABLE CODE, PART B OPTION OR PREMIUM RATE-2

CAUSE: This occurs when a MIRTEL/MOLI record has a variable rate code of N, a Part B option of 8, and the premium rate is not equal to the basic premium rate. No adjustment is made.

ACTION: If there is no IRMAA or Part B reduction involved, prepare a 17L to correct the Part B option, the variable rate code, or the premium rate. If there is IRMAA and/or Part B reduction involved, refer to P&S - PAS.

8953 - INVALID VARIABLE RATE CODE OR PREMIUM AMOUNT

CAUSE: This occurs when the MIRTEL/MOLI record has a variable rate code of V, C, D, R, or Z; no Part C or D or IRMAA is involved; the percent is equal to zero; and the premium is not less than the basic rate. No adjustment is made.

ACTION: If there is no IRMAA or Part B reduction involved, prepare a 17L to correct the variable rate code or the percent or the Part B premium rate. If there is IRMAA and/or Part B reduction involved, refer to P&S - PAS.

8954 - INCONSISTENT -HIB-SMIB-DATA-1

CAUSE: This occurs when the MIRTEL/MOLI record has a Part B option, or a Part B effective date, or a penalty percent, or a premium effective date, or a premium effective accounting date that is not numeric. No adjustment is made.

ACTION: If there is no IRMAA or Part B reduction involved, prepare a MEDCOR Activity 17L to correct the fields that are incorrect. If there is IRMAA or a Part B reduction involved, refer to P&S – PAS.

8955 - INCONSISTENT -HIB-SMIB-DATA-2

CAUSE: This occurs when the MIRTEL/MOLI record has an invalid premium effective accounting date. No adjustment is made.

ACTION: If there is no IRMAA or Part B reduction involved, prepare a MEDCOR Activity 17L to correct the premium effective accounting date. If there is IRMAA or a Part B reduction involved, refer to P&S – PAS.

8956 - INCONSISTENT -HIB-SMIB-DATA-3

CAUSE: This occurs when the MIRTEL/MOLI record has an invalid premium effective accounting date. No adjustment is made.

ACTION: If there is no IRMAA or Part B reduction involved, prepare a MEDCOR Activity 17L to correct the premium effective accounting date. If there is IRMAA or a Part B reduction involved, refer to P&S – PAS.

8957 - INCONSISTENT -HIB-SMIB-DATA-4

CAUSE: This occurs when the MIRTEL/MOLI record has an invalid premium effective accounting date. No adjustment is made.

ACTION: If there is no IRMAA or Part B reduction involved, prepare a MEDCOR Activity 17L to correct the premium effective accounting date. If there is IRMAA or a Part B reduction involved, refer to P&S – PAS.

8958 - INCONSISTENT -HIB-SMIB-DATA-5

CAUSE: This occurs when the MIRTEL/MOLI record has an invalid premium effective accounting date. No adjustment is made.

ACTION: If there is no IRMAA or Part B reduction involved, prepare a MEDCOR Activity 17L to correct the premium effective accounting date. If there is IRMAA or a Part B reduction involved, refer to P&S – PAS.

8959 - INCONSISTENT -HIB-SMIB-DATA-6

CAUSE: This occurs when the MIRTEL/MOLI record has a Part B option of 0, 2, 3, or 9 and there is no Part C or D premium and MIRTEL/MOLI has one of the following: a premium rate, a residency code, a variable rate code, a penalty percentage, or a premium effective accounting date. No adjustment is made

ACTION: If there is no IRMAA or Part B reduction involved, prepare a MEDCOR Activity 17L to correct the fields that are incorrect. If there is IRMAA or a Part B reduction involved, refer to P&S – PAS.

8960 - INCONSISTENT -HIB-SMIB-DATA-7

CAUSE: This occurs when the MIRTEL/MOLI record has a Part B option of 1 or 5 and the variable rate code is not N, V, R, Z, C, or D; or the residency code is not P, C, or S; or the penalty percentage is not zero. No adjustment is made.

ACTION: If there is no IRMAA or Part B reduction involved, prepare a MEDCOR Activity 17L to correct the fields that are incorrect. If there is IRMAA or a Part B reduction involved, refer to P&S – PAS.

8961 - INCONSISTENT -HIB-SMIB-DATA-8

CAUSE: This occurs when the MIRTEL/MOLI record has a Part B option of 8 and the variable rate code is not N, R, or Z and the variable base rate is zero; or the residency code is not P, C, or S; or the premium is not zero and the C and D amounts are zero; or the penalty percentage is not zero. No adjustment is made.

ACTION: If there is no IRMAA or Part B reduction involved, prepare a MEDCOR Activity 17L to correct the fields that are incorrect. If there is IRMAA or a Part B reduction involved, refer to P&S – PAS.

8962 - INCONSISTENT -HIB-SMIB-DATA-9

CAUSE: This occurs when the MIRTEL/MOLI record has a Part B option of 8 and the variable rate code is not V, C or D and the variable base rate is greater than zero; or the residency code is not P, C, or S; or the premium is not zero and the C and D amounts are zero; or the penalty percentage is not zero. No adjustment is made.

ACTION: If there is no IRMAA or Part B reduction involved, prepare a MEDCOR Activity 17L to correct the fields that are incorrect. If there is IRMAA or a Part B reduction involved, refer to P&S – PAS.

8963 - INCONSISTENT -HIB-SMIB-DATA-10

CAUSE: This occurs when the MIRTEL/MOLI record has a Part B option of 4 or 6 and the Part C and Part D premiums are zero and the Part B premium is not zero; or the residency code is not spaces; or the variable rate code is not spaces; or the penalty percentage is not zero.

ACTION: If there is no IRMAA or Part B reduction involved, prepare a MEDCOR Activity 17L to correct the fields that are incorrect. If there is IRMAA or a Part B reduction involved, refer to P&S – PAS.

8964 - INVALID PREMIUM

CAUSE: This occurs when the MIRTEL/MOLI record has a premium rate less than zero. No adjustment is made.

ACTION: Refer to P&S – PAS.

8965 - INVALID VARIABLE RATE CODE OR PENALTY AMOUNT

CAUSE: This occurs when the MIRTEL/MOLI record has a Part B option of 1 or 5; the Part B premium is zero; the variable rate code is D or Z; and the penalty percentage is greater than zero. No adjustment is made.

ACTION: If there is no IRMAA or Part B reduction involved, prepare a MEDCOR Activity 17L to correct the Part B premium or the variable rate code or the penalty percentage. If there is IRMAA or a Part B reduction involved, refer to P&S – PAS.

8966 - INVALID PART A DATE

CAUSE: This occurs when the MIRTEL/MOLI record does not have a Part A effective date. No adjustment is made.

ACTION: If there is no IRMAA or Part B reduction involved, prepare a MEDCOR Activity 22L to add the Part A effective date. If there is IRMAA or a Part B reduction involved, refer to P&S – PAS.

8967 - POSSIBLE DUAL DEDUCTIONS-1

CAUSE: This occurs when the CHICO/DATAQ record has an SS benefit in current pay and the Part B option is 1, 5, or 8 and there is a Part B premium deduction; or the variable rate code is D or Z and MIRTEL/MOLI has a Part B premium rate or a variable rate code of D or Z.

ACTION: Determine if a refund is due. If so, prepare a manual refund.

8968 - POSSIBLE DUAL DEDUCTIONS-2

CAUSE: This occurs when the CHICO/DATAQ record has an SS benefit in current pay and the Part B option is 1, 5, or 8 and there is a Part B premium deduction; or the

variable rate code is D or Z and MIRTEL/MOLI has a Part B premium rate or a variable rate code of D or Z.

ACTION: Determine if a refund is due. If so, prepare a manual refund.

8969 - MIRTEL/MOLI – CHICO/DATAQ RATES NOT EQUAL

CAUSE: This occurs when there is a problem with the monthly payment rate that MAMMA calculated for the award. No adjustment is made.

ACTION: Refer to P&S – PAS.

8970 - MULTIPLE PT-B REDUCTIONS, POSSIBLE ARREARAGE OR REFUND

CAUSE: This occurs when the MIRTEL/MOLI record has multiple Part B reduction activities and MAMMA is not able to determine the correct action to take.

ACTION: Refer to P&S – PAS.

8971 - INVALID SMIB RECURRING DATE

CAUSE: This occurs when MIRTEL/MOLI has an incorrect Part B premium rate.

ACTION: Refer to P&S – PAS.

8972 - PREMIUM VARIABLE RATE CODE OR PENALTY AMOUNT

CAUSE: This occurs when a MIRTEL/MOLI record has a Part B option of 1, 5, or 8 and the variable rate code is V, C, or D and there is a current IRMAA amount.

ACTION: If there is no IRMAA or Part B reduction involved, prepare a MEDCOR Activity 17L to correct the Part B option, or the variable rate code or IRMAA amount. If there is IRMAA or a Part B reduction involved, refer to P&S – PAS.

The following two referrals should be obsolete. If they are generated, please refer them to P&S – PAS for further investigation.

MESSAGE: RPD & PAID THRU DISCREPANCIES - CHECK BOTH FILES.

CAUSE: This occurs when the recurring premium rate is different in both files and the paid through date on MIRTEL/MOLI is the current month or later.

ACTION: Determine the proper premium rate and paid through date and take action to correct the MIRTEL/MOLI record if necessary.

MESSAGE: TOB CHANGED AGE 65 - RPD CHANGED TO BASIC - CHECK FOR POSSIBLE REFUND

CAUSE: This occurs when a disabled beneficiary with a penalty rate attains age 65. The MIRTEL/MOLI record is changed to show a type beneficiary "DIB, Now 65", and the Part B premium rate is changed to the basic rate. Action is also taken to automatically adjust the CHICO/DATAQ record.

ACTION: If Part B deductions are in force, verify that CHICO/DATAQ was adjusted timely and refund any excess premiums if necessary. If premiums were paid direct, determine if any premiums were paid at the penalty rate after the beneficiary attained age 65.

Exhibit 7 - Miscellaneous Referrals

MESSAGE: NOTIFY BA () STEEL COMPANY RAILROAD OF DISABILITY ANNUITANT MEDICARE ENTITLEMENT.

CAUSE: Annuitant may be covered by group health insurance coverage that may be affected by his or her entitlement to Medicare before age 65 based on disability.

ACTION: Use RRAILS to prepare one copy of Form RL-10, "Notice to Employer of Medicare Coverage Before Age 65." Use MOLI to obtain the Medicare effective date to be entered on the Form RL-10. Use the RRAILS Contact Official lookup (see FOM-I-1596.25) to address Form RL-10 to the railroad's benefits manager or RRA Awards Contact Official. The railroad's BA number is shown on the MEDREF referral. Use RRAILS to send a copy of Form RL-10 to RRA Imaging.

MESSAGE: DAISY REFERRAL; WARNING-POSSIBLE DUPLICATE SMI RECOVERY

CAUSE: A DAISY referral is generated when an RBD/SBD examiner does not complete a MEDCOR 20 (or completes the MEDCOR 20 after cut-off) to advance the paid through date on MOLI after reinstating an annuity where premiums were withheld.

Example 1 - The PREH 3277 screen for recurring payments indicates premium deductions through May 2009. The 3277 screen indicates the June check was in suspense, code 65, because direct deposit was deleted. The July check is in suspense, code 88, because multiple months of Part B will be withheld. Recurring payments started again in August and the premium was withheld. –PREH's 3275 screen for non-recurring payments indicates the June check was reinstated on voucher 183 and the premium for June was withheld. (SMI-ACCRU-OP-AMT field on page 3 of the reinstatement voucher shows \$96.40 withheld.) 3275 also has a 004 voucher dated 7-1-09. Page 3 of the voucher indicates \$192.80 for June and July was withheld. June was withheld from the 183 reinstatement voucher and the 004 voucher. A refund for June is due.

Example 2 – The PREH 3277screen indicates premiums were deducted from the May 2009 payment for a disabled employee. The June payment was in suspense, code 06. The suspension occurred because the May 2009 payment was returned. The July

check was in suspense, code 88. Recurring payments started again in August and the premium was withheld. The PREH 3275 screen indicates the May check was reissued on voucher 697 and the May premium was withheld again. The June payment was reinstated on voucher 0001 and no premiums were taken. The 499 voucher on July 1, 2009 took premiums for June and July. Since the May premium was twice sent to the Part B trust fund, a G-240 is needed to transfer \$96.40 from the Part B disability fund to the SSEB equivalent fund.

ACTION: Follow the steps below to process a DAISY referral.

1. Determine the period that is in question by the Accounting date on the referral. This is found under the "INFORMATION FROM DAISY" section on the referral.
2. Use PREH 3277 screen to determine which months were deducted prior to the suspension of the monthly benefit. Enter the information under "PREVIOUS VOUCHER WITH INITIAL PREMIUM DEDUCTION" on the referral.
3. Verify which months of premiums were recovered from the voucher by using PREH 3275 and checking the award form on imaging. Enter the amount of the premiums recovered and the period under "INFORMATION FROM AWARD FORM".
4. Fill in the blanks under the "DETERMINATION WHETHER TO REFUND" section on the referral.
5. If there is a period of duplicate premium deductions, a refund is due. Check the appropriate box under "BASED ON THE INFORMATION FROM THE AWARD FORM". Enter the period of the refund that is due on the referral. Process the refund that is due to the beneficiary. Complete a G-240 if needed to transfer funds that may have been sent to the Part B trust fund.
6. If there are no duplicate premium deductions, no refund is due. Check the appropriate box under "BASED ON THE INFORMATION FROM THE AWARD FORM" on the referral.
7. Examiner should sign and enter the date form was processed on the referral.

The completed DAISY referral form should be imaged after all actions have been completed.

NO REFERRAL GENERATED – INITIATED THROUGH EMAIL OR PHONE CONTACT: PART B CLAIM REJECTS

CAUSE: The Common Working File (CWF) is queried for entitlement data when a claim is presented for payment. The CWF and the Health Insurance Master (HIM) records should have the same entitlement data. If the entitlement data on CWF does not match the information on the claim, a reject will occur. Data must initially match on the last name, first initial, month and year of the DOB, and address before the provider information is verified. Other possible reasons why claims reject include:

- Erroneous DOD
- Erroneous Entitlement Date(s)
- Incorrect Name
- Incorrect Sex Code
- Incorrect Cross Reference (Showing incorrect SSA or RRB entitlement)
- Erroneous Cross Reference (shows SSA entitlement under a number which does not belong to the beneficiary)

ACTION:

First determine if MOLI, BERT or CWF has any erroneous information listed or the records do not have all of the same identifying information. If the MOLI, BERT and CWF records do not agree, make the necessary corrections so that all records are in agreement. If the records agree, access Palmetto's claim system to determine the reject code.

Correct erroneous information on MOLI by performing a Medcor 22 Long activity. This action will also update BERT, specifically the DOB and address.

Correct erroneous information on BERT by performing the appropriate corrective action using ERNIE (Press PF 9 from Beneficiary Identification Screen). From this point, an examiner will be able to correct the following items: Beneficiary's name, Sex code, Date of Death, Medicare entitlement dates and Cross references.

To correct erroneous information on the CWF, perform an overlay from BERT once the record is corrected. An overlay is performed from BERT using ERNIE (Press PF 9 from Beneficiary Identification Screen and then OC).